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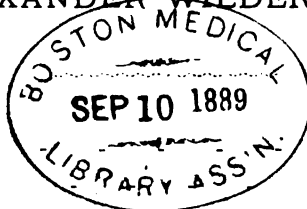
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Freethought in Medicine.

BY

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ST. THOMAS, DANISH WEST INDIES.

Freethought in Medicine is a subject which commends itself to the notice of every liberal physician.

Its encouragement among the masses and the propagation of ideas in connection with it, is the duty of every one interested in the disestablishment of monopoly. Not until the public are made acquainted with the merits of every school of practice, and they are disabused of the notion that the orthodox practitioner is the most respectable and the sole possessor of all the knowledge pertaining to medical science, will justice be meted out to those who best deserve it.

That the present attitude of certain members of the profession throughout the civilized world, with some honorable exceptions, is a standing menace to the liberties of the people, and a challenge to the right of every man to choose the physician he likes best to attend him, no one but the bigoted or ignorant will deny; and that a movement to check their encroachments upon medical freedom would be a right one, nobody will hardly dispute. The very essence of social advancement being rebellion, or a revolt against what is generally known as constituted authority, it will not be difficult to see how progress has been made when some bolder spirit than the rest has ventured out of the beaten track, and in defiance of that social ostracism, which is so often the lot of the independent thinker, has worked out, alone, some difficult problem or improvement in science.

A glance at the history of Conservative Medicine will show how, from its earliest days, it has been a history of privilege, not to say intolerance, persecution, and injustice. When the unblushing ignorance, which yet advocates blood-letting as chief upon the list of

remedies for inflammation, was unveiled by such men as Morrow and Wooster Beach, it persecuted. When Hahnemann proclaimed the law of *similia similibus*, and the mechanism of the dynamization of medicines, basing the truth of his immortal discoveries upon experiment and observation, it persecuted. And now, what does it do, when any one violates its so-called code of ethics or infringes upon a monopoly exclusively its own? It persecutes still. The old spirit is not yet dead, and under the cloak of scientific discovery, only too often appropriated from those whom it stigmatizes as quacks and pretenders, it has obtained such a hold upon the public and the minds of legislators, that were it not for its repeated failures and blunders in the cure of disease, all would fall down before it, and no other school of medicine be possible.

And yet it is not uncommon to hear all this contradicted, and we have known Homœopathic and Eclectic physicians hug the delusive idea to their bosoms, that the schools were daily coming closer together, more united, more brotherly, and that only a thin line divided them! The vacillating policy which believes in such nonsense is only equalled by the arch-hypocrisy which dictates it. There is hardly a day passes, which does not reveal a blow aimed at the integrity of the Homœopathic or Eclectic Schools, by their old time adversaries, and the Homœopathic or Eclectic physician who believes otherwise is not properly informed on the subject.

Only last July, in the city of Copenhagen, Denmark, five homœopathic physicians were fined 200 crowns each for dispensing Homœopathic medicines to their patients. It was in vain that these men proved that there was only one homœopathic drug-store in the city, which was not kept open at all hours, and that it was often impossible for the allopathic apothecary halls, to whom they sent their prescriptions, to deliver them, except through the homœopathic

apothecary hall. It was no use that they showed that this very often caused great delay, and that they could not get the necessary medicines otherwise, properly made up, and that by preparing their own medicines they knew what they were getting. An old law of the 4th of December, 1672, was found out and fitted to their case, just as it was applied to the writer of this article in 1883 for exactly the same offence, when, on refusing from principle to pay the unjust fine which was inflicted upon him, he was condemned as a criminal, had his homœopathic medicines confiscated, and was sentenced to *seven times forty-eight hours' bread and water and fourteen days common imprisonment*—a sentence which would have been carried out to the letter had not the people of St. Thomas, indignant at such a perversion of justice, come forward and procured his release.

At first sight, such persecutions as these appear disheartening and contrary to the spirit of progress, but as the blood of martyrs was the seed of the Church in olden times, so it may be safely presumed that every medical prosecution instigated by the high priests of science but adds new dignity and strength to the cause of liberal medicine. Not but what reformers of all shades of opinion, whether Homœopathic or Eclectic, have been equally persecuted elsewhere; and while they have made great advances towards obtaining the same privileges as their adversaries—privileges to which the indisputable superiority of their practice justly entitles them—it must never be forgotten that, owing probably to their own lack of energy, other countries, notably the West Indies, are yet in the dark as to their methods of treatment; and it is only by giving greater publicity to their doctrines and sustaining the lonely pioneers of medical reform who live there, that the homœopathic or eclectic colleges of America may hope to see their graduates take the place to which they are entitled in these islands, and obtain a footing in families who only remember the existence of such a practitioner, should one be among them, when death knocks at their door for some loved one, whom allopathic uncertainty and doubt cannot save.

In places like these, where orthodoxy

shines forth as brightly as the tropical sun at noon, and laws as old as Methusaleh threaten the daring innovator, by a species of natural depravity not uncommon in more civilized countries, State protection can be invoked at any moment by the non progressive physician. Not that this need be wondered at, if we consider the advantages such protection affords to the arbitrary, unjust, and designing. As an eminent writer has justly remarked—"It is the characteristic of privilege, and of every privileged position, to kill the mind and heart of man. The privileged man, whether politically or economically, is a man deprived in mind and heart. That is a social law which admits of no exception and is as applicable to entire nations as it is to classes, corporations, and individuals. The greatest scientific genius, from the moment he becomes an *officially licensed savant*, inevitably lapses into sluggishness. He loses his spontaneity, his revolutionary hardihood, and that troublesome and savage energy characteristic of the greatest geniuses ever called upon to destroy old worlds and lay the foundations of new. He undoubtedly gains in politeness, in utilitarian and practical wisdom, what he loses in power or thought. And if he does not become a tyrant in practice, he does in theory, which is almost as bad."

And here the question naturally arises can there be free thought in medicine, in view of the immense hold which the Dominant School has obtained upon society? Governments have not been slow to perceive how the influence of priestcraft has ceased to make itself felt among the masses, and how the people, as they became more and more enlightened, dare to shake off slavish superstition and think for themselves. With the prospective loss of such a powerful auxiliary, it has become necessary to enlist another on its side, perhaps, which in the garb of scientific authority and under the cloak of a mission to humanity, shall enter our homes and dictate to us the manner in which we shall pass through existence and live. Already the poisoned lancet, in the form of vaccination, is made compulsory; and in the dim future we see the points of others directed towards us, marked hydrophobia, cholera, and the rest of the zymotic diseases, backed up by laws as

in famous as they are a disgrace to the men who have framed them. A scientific despotism is at hand, which bodes more ill to the human race than all that it has ever submitted to in past ages, because sustained by the inexorable logic of a body of men, who, by a series of abstractions, put themselves outside of and above immediate contact with life, who look down upon their fellow creatures as objects to experiment upon, and subjects upon whom to exercise a future authority in all that pertains to a healthy condition of existence. In other words, in their existing organization, monopolizing science and remaining thus outside of social life, the *savants* form a separate caste, in some respects analogous to the priesthood. Scientific abstraction is their God, individualities their victims, and they are the licensed sacrificers. In fine, History but repeats itself. We have before us now, a pile of Danish newspapers, chief among them the *Dagbladet*, which has reproduced in its columns, ostensibly for the benefit of the people, as it is the most widely read paper in Denmark, the speeches of most of the distinguished physicians who were present at the great Medical Congress. Are the voices of the eminent Homeopaths or Eclectics, whose names are household words in America, among them? Emphatically No! Such revolutionary ideas as theirs would not be tolerated for a moment in so august an assembly. Men like these same Homeopaths and Eclectics, who have done more to popularize medicine and bring sanitary science to the homes of the multitude, are not welcome to the presence of royalty and the self-constituted kings of medical science. We have in our mind's eye all the festivities in Copenhagen given in celebration of the visit of these 1800 representatives of the Conservative School of Medicine. We see the spacious hall, where this galaxy of learning met. We see a king, his family, and nobles, listening to the pearls of eloquence falling from the lips of many a one famed in the annals of medical science. The discoveries of a Pasteur, an Esmarch, or Virchow are such as would do honor to any country. But all this pomp and show ill befit the true scientist, whose proper place in the world's history should be that of modest re-

tirement, working out humbly, trustfully the problems which are to regenerate humanity. Courts and pageants are not for such as he. It is not for him to sacrifice his principles before the altar of a despotism, which heretofore has made a martyr of him. It is for him, as it is for every liberal physician to hold himself aloof from all such vanity. It is for him to teach his fellow beings the laws which govern health. To teach mankind how to be well. Not to enforce nor help to enact arbitrary laws against other health-teachers, whose methods may differ from his own; not to exchange the sanctity of the physicians garb for the sceptre of a tyrant nor the name of persecutor. We object not to honors being showered upon a profession which is too often ill rewarded, but we object to the inordinate selfishness and exclusiveness which would shut out all other systems in favor of only one especial school. We claim that there should be no limit to free thought on medical topics. No code of ethics to be a bone of contention to the profession. That, as the mind of man is progressive, so should he be allowed the utmost liberty of conscience. In vain are despotic and arbitrary laws, which crumble into the dust before the light of free thought and public opinion. And those of the medical profession who will not learn a lesson from the recorded fate of systems founded upon such barriers to human progress, do not fully comprehend their mission nor deserve the name of liberal physicians.

On the Incurability of Cancer.

BY

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NEW YORK CITY.

It is claimed by some, that the removal of the local manifestation of cancer in its early stage, before malnutrition of the tumor occurs, and the same has begun to break down, and infiltration of adjacent glands has taken place, such removal will insure immunity from further progress of the disease. In other words, that cancer is a local trouble; the thorough removal of the tumor, if done early, is all that is necessary to induce a cure.

A number of cases have been cited where the removal of tumors, which

had been diagnosed as scirrhus of the mammae (in a few cases by quite a number of eminent surgeons), were not followed by recurrence. But I must confess, that the cases I have seen operated on, or that have been operated on to my knowledge, have all died or shown decided symptoms and signs of recurrence of cancer in due time, either locally or in distant parts.

It is my belief, that in cases where no recurrence took place after operation, the diagnosis, even though in some cases made by many and eminent men, must have been faulty.

The resemblance of chronic mammary or adenoid tumor to scirrhus is sometimes very great, and with our present scientific recourses, it is often impossible to diagnose true scirrhus from adenoid of the breast, because the more the adenoid excessively develops both the epithelial and the connective tissue elements, the more will the adenoid resemble scirrhus, and this resemblance makes it exceedingly difficult even for experts armed with microscopes, &c., to differentiate between the two, and the diagnosis of the case is then referred to time, and decided only by an eventual recurrence, or non-recurrence, of the malady. The very fact of constant recurrence of cases, diagnosed as scirrhus, in an overwhelming majority, and the recovery of indeed a very small fraction of a per cent of cases after operation, even when skillfully and rationally performed, and the fact that there is always a possibility, or rather probability, of a mistaken diagnosis when they do not recur, makes it most certain that scirrhus, if operated on under even the most favorable circumstances, will recur and finally prove fatal.

For instance: A case comes your way which presents a tumor in the mamma, rather hard to the touch, the nipple may be retracted and the growth adherent to some surrounding structure, and resemble otherwise scirrhus. You diagnose the case one of scirrhus, especially if on inquiry you are told an ancestor or other near relative has died of a tumor; and it is most likely the diagnosis would in a vast majority of cases hold good.

The patient is told that she has an incurable affliction. An operation is proposed merely to prolong her exist-

ence, and the patient retires under the mental depression of being conscious of having to undergo a capital operation, only to be followed by a more or less speedy and horrible dissolution. What wonder, then, if under constant torture of mind at realizing her condition, *she acquires* an appearance resembling the cancerous cachexia.

She may conclude to consult another physician, in the hope that a mistake in the diagnosis of her case has been made by the first.

Pale and tremblingly she goes to the second, who finds the same condition of things, looks her over, and sees at once the cancerous cachexia, and also pronounces her case as cancer, and so on.

She finally consents to an operation; it is successfully performed, the patient recovers, and if, after a number of years have elapsed, no recurrence has taken place, then the cry is raised that a case of scirrhus cancer has been cured, and cancer is therefore curable; for, reason they, if *one* case is cured, it must be conceded that cancer is indeed curable. And proof to that effect it would surely be, if it only could be proven to have been a case of cancer at all.

But let us recapitulate the case:

The patient has had a tumor of very dense consistence, presenting to the touch great hardness, is lobulated and in some part or parts adherent, the nipple is more or less retracted, and shooting pains are occasionally felt within the breast. This certainly looks very much like true cancer; indeed, it would justify your diagnosis to that effect, but does not exclude the possibility of being a chronic mammary or adenoid tumor after all, in which the hardness is due simply to the excessive development of epithelial and connective or fibroid tissue, and a minimum of the adenoid substance. This would account for the hardness of the adenoid tumor, also for the retraction of the nipple, which is due solely to the fibroid processes radiating from the tumor and advancing on the milk ducts, and in their growth retracting them, giving rise to this deformity, and is not truly diagnostic of cancer. The shooting pains may be present in either variety, as they are due to the encroachment of the growth upon cutaneous and other surrounding nerves; and thus what had the appearance of

scirrhus cancer, was in reality, perhaps, only a chronic mammary tumor, and after being well removed, a perfect recovery could take place. And may sometimes take place in cases which have all the appearance of quite advanced scirrhus; and this is the reason there have been occasional cases of so called scirrhus cancer cured. Had they really been such, they would have recurred.

The following typical case will assist very much in showing the fallacy of curing true scirrhus cancer of the mammae by operation, under even the most favorable circumstances:—

Mrs. K., æt. 44., consulted me during the month of June, 1882, concerning a hardness (as she called it) in her left breast, which she first noticed about three months previous, and had since then grown perceptibly larger as she thought. Examination revealed a hard lobulated tumor in the center of the left mamma, in size about two inches in diameter, and an inch in thickness; the growth was quite moveable, and there were no adhesions, the nipple was well retracted, there was no enlargement of glands, although carefully searched for. She had had some pain of a neuralgic character, and sometimes of a shooting nature, but thought she only noticed the pains on a change of the weather. Her skin had a yellow hue, and claimed to have had that same color for years, owing to torpidity of the liver. She was otherwise in fair health. I diagnosed her case one of cancer, and proposed an early operation.

The operation was performed by myself, assisted by Drs. Fuchs and Willis, on the 18th of July, 1882. The circular amputation was performed, leaving no flap. I cut down at once to the Pectoralis muscle, and exposed the same partly to view; after the arteries had been tied, and the hemorrhage had ceased, we applied the sulphate of zinc, undiluted, to the wound, left it there to act for a while, and then applied a thick linen rag soaked in a saturated solution of sulphate of zinc. Removed the same on the fourth day, and applied another of same strength, and thereafter applied the zinc in solution as strong as was compatible with the healing process of the wound. Granulation progressed quite well; no unhealthy points or granulations were visible on any part of the

wound. Used cold water dressings alone, after the 14th day, until about the middle of August following. We then used the mild zinc ointment to the wound, which had become much smaller by that time, and after using it about a week, diluted the zinc ointment one-half with pure lard; continued this treatment until the wound was completely closed on Oct. 11th, of the same year. Duration of healing 75 days.

Before operating I concluded to cut well down, and be certain, if possible, that no part of the tumor should remain, as the same was quite moveable, adhering nowhere, and operated accordingly. As it is claimed that zinc applications will destroy cancerous tissue, the zinc was resorted to in full extent, applying it so as to even destroy partially the whole granulating surface of the wound at intervals, thereby retarding the healing process somewhat. Internally, "Murdock's Liquid Food" and "Mensman's Peptonized Beef Tonic" were resorted to, and the patient well nourished therewith. The patient did well throughout, and there was not a single mishap.

A year after the operation, I had occasion to examine the patient for menorrhagia and dysmenorrhœa, and found a pedunculated oblong tumor, of very soft consistence, and the size of a common bean, protruding from the os uteri, and as she objected to any further operative interference, I tore this growth away as well as possible with my fingers at a subsequent examination. She bled slightly from the stump of this growth for about three weeks, and I then heard nothing further of her until February 4th, 1884, nineteen months after the amputation of her breast, when she came to me on account of general malaise, some pulmonary symptoms, and a growth of a very dense nature, of about two inches in diameter, in the left side of the neck between the clavicle and scapula. She stated that she had flying pains in that region, and that the neck was somewhat immovable. Further inspection disclosed pulmonary consolidation at apex of left lung, and very hard nodules around the margin of, and above and below, the mammal cicatrix, extending to the glands of the axilla, which glands were much enlarged, and very hard to the touch; the left arm

cedematous and somewhat cyanosed from retention of venous blood, as the circulation of the arm was interfered with, owing to the pressure of the axillary tumors, and also from the cervical growth.

Since February 4th her condition has grown worse, the tumor of the neck and nodules about the cicatrix, and also the glands of the axilla have gradually increased in size, and the result will be inevitable.

If this method of treating cancer has any special advantages, this certainly was a case where one was justified in expecting the best results, every circumstance being in favor of the patient and a cure, because the disease was (according to the "Local Theory") in its earliest stage, the excision a thorough one, and the sulphate of zinc not spared, the healing progressed favorably, there was quite a period of incubation before further developments manifested themselves, and, then, not at the seat of the initial tumor, but in distant parts, showing that the original local manifestation of the constitutional disease had been erased, but cancerous she nevertheless remained, and (barring accidents) she now is a certain and suitable candidate for death by cancer.

Since writing the above, the patient developed cancer to an enormous extent. While the seat of the operation had been singularly free, the liver, the left lung, and, apparently, the omentum, all became involved. Her breathing became difficult when the erect position was assumed, due to encroachment and consequent pressure on the trachea. there was impaired deglutition, and the heart was somewhat displaced toward the right side. The patient died October 21, 1884.

Lactagogues and Lactifuges.

BY

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A lactagogue is something which favors the production of milk. Milk is not a mere secretion from the blood, but a result of functional activity of the mammary glands, in some way not as yet clearly determined to the satisfaction of physiologists. The theory which,

all things considered, seems most tenable, is that it consists of elements furnished by the moulting, or breaking down, of the globules of which the mammary glands are constituted: their rapid growth and transient character being due to the excess of heat and of material consequent upon the continuous distension of the vessels with an excess of blood. The reasons are:

First.—The constituents of the milk are not all, as such, to be found in the blood itself.

Second.—The colostrum, which precedes the actual, and which may be regarded as imperfect milk, affords globules which, though undergoing fatty degeneration, are not entirely dissolved, and appear as cells containing numerous drops of fat; but when the flow of milk is established, it is difficult to detect traces of its cellular origin, for the moulting of the globules is then complete.

Third.—If the excess of blood is shut off from the glands and they are deprived of the co-incident excess of heat and material, the rapid and transitory growth of such globules is arrested, and the production of milk ceases. And, these being the facts, it follows that whatever will induce the conditions essential for such rapid and transient growth of those globules, viz., heat and material, or, in other words, whatever will induce the continued presence in the glands of an unusual amount of blood, will thereby cause an increase in the amount of milk afforded; that is, it will prove a lactagogue, and whatever will retard the circulation and increase its volume may do this:—*aconite, opium, conium, gelsemium, and veratrum viride*, depressors in varying degree of ganglionic energy, all reduce the contractile force of the arteries and thereby decrease the rapidity of the blood current and cause an increase of its volume; they should therefore cause an increased flow of milk; and they do so, but they are not available for this purpose, because they are in part eliminated therein, and would render it poisonous to the child. *Hops, nux-vomica, aloes, chamomile*, and other substances affording a simple bitter principle, excitors of spinal centers, increase the energy of the external muscle fibres of the heart, and the longitudinal and retractor muscles of the arteries, and

thus, while reducing the frequency of the pulsations and retarding the velocity of the blood-current, increase the amount of blood in each wave, and hence its volume; therefore, these agents also should increase the flow of milk; and they do; but being to some extent eliminated with it, they are liable to render it bitter and distasteful, perhaps purgative; and are therefore seldom available except it be desirable to medicate the child in this way. *Jaborandi*, while increasing the rapidity of the blood-current also increases its volume, and at the same time augments trophic energy; therefore it promotes the secretion of milk; but to what extent it is valuable as a lactagogue is not yet determined.

Warm clothing conduces to a free peripheral circulation; physical comfort and a contented mind permit of a full, free, normal circulation; and maternal love, as an emotion, excites those vaso-motor centers of spinal origin, energizing the arteries which supply the mammary glands, and thus cause an augmented flow of blood through them, while from the peripheral ganglia increased trophic energy is also evolved. Physical comfort, a contented mind, and maternal love, all sustained by good food, are, then, the normal and efficient requisites for an abundant supply of good milk, provided the essential organs are properly developed. This combination of requisites, however, does not always exist; mental excitement, worry, anxiety, and physical pain are of frequent occurrence; they excite the miso-cephalic vaso-motor centres and so energize the constrictor muscles of the mammary arteries as to reduce the calibre of those vessels, and exclude the amount of blood necessary for the production of sufficient milk. In such cases, malt liquors, which contain a small amount of alcohol, in connection with a bitter principle, have the effect of equalizing vaso-motor energy, and thereby of increasing the volume of the blood-current to its normal flow. There are other cases where there is a lack of the requisite nervous energy to ensure perfect circulation, and also an insufficient amount of blood in the system; both the consequence, perhaps, of excessive hemorrhage. For those, wines, fennel-seed or other aromatic teas, broths, and warm

nutritious drinks generally, increase the amount of blood and excite nerve energy.

Castor-oil not only acts as a laxative, but it excites peripheral energy and augments the capillary circulation; indeed, it is sometimes to a very considerable extent eliminated by the skin; hence, when the parturient woman requires a laxative, has castor-oil become the favorite prescription of so many practitioners; it not only effecting the object desired, without causing pain or prostration, but also often hastening the perhaps tardy flow of milk. And for the latter purpose it is also often used upon the breasts by inunction; it then acting locally through absorption. Warm fermentations of the leaves of the *Ricinus Communis* are also used for the same purpose.

Buck-wheat poultices are used to recall the flow of milk in the breasts of nurses, even when it has been absent for several days. Buck-wheat flour is stirred up with warm buttermilk to form a poultice. It should not be boiled, nor made too hot, but simply applied as warm as may be comfortably borne, over the whole breast, and renewed every four to six hours. Usually twenty-four hours application is sufficient; but occasionally it must be continued for three or four days.

Electricity is also used for this purpose; a gentle current being passed through the mammary glands twice a day for ten or fifteen minutes at a time, sponge electrodes being used. After a few applications the blood-vessels become permanently distended, the breasts are swollen, the glands rapidly increase, the moulting process is induced, and the flow of milk established.

Lactifuges are agents which cause a decrease or a total suppression of the production of milk, and whatever diminishes the blood-supply of the mammary glands does that.

Those agents which, acting physiologically, cause such a result, do so by exciting those ganglionic centres (vaso-motor) which energize the constrictor muscles of the arteries and veins, and the contractile tissue of the derma. The painful emotions, fear, terror, and mental anguish act directly through the nerve centres; physical pain acts reflexly; cold applications also reflexly effect the peripheral circulation, while at the same time causing dermal contractions; various

drugs act either directly, or reflexly, according as they are taken into the system or applied locally, and they are often used in both ways at the same time.

The agents in common use as lactifuges are cold applications, vegetable acids, arnica, belladonna, camphor, cimicifuga, ergot, iodine, iodide of potassium, phytolacca, and the muriate of ammonia.

The vegetable acids are employed as acid drinks, and cold vinegar is applied externally; but cold applications are not always the most desirable, and warm vinegar is often used.

Arnica and belladonna are each used both internally and externally, but the internal use of belladonna may not be continued for any length of time, and some people are so sensitive to it they are not able to tolerate it to any profitable extent except as an outward application; but as such it is of great service.

Camphor is chiefly used externally, one ounce being dissolved in four ounces of olive oil; the solution being known as camphor liniment and as camphorated oil. Cimicifuga and ergot are chiefly used internally; iodine and iodide of potassium, in tincture and solution, are suitable both for internal and external use. Phytolacca is also used both internally and externally, and proves a most desirable and efficacious remedy.

The dose of either of these remedies, when used internally, for this purpose, is very small, and should be frequently repeated; the object being simply to secure and maintain an effect upon the circulation; while their coincident external use supplements that effect locally. Externally, they are applied in the form of infusion, solution, or tincture, either as embrocations, or as the active ingredients of poultices, the best material for which is a mealy potato, boiled and mashed, it is never in any way offensive, is cheap, always at hand, neat, clean, and every way desirable.

The use of lactifuges becomes necessary when the milk is of such character as proves detrimental to the child; when the death of the child renders it no longer needful; when the vigor of the mother is insufficient to permit of so great a drain upon the system; and when, on account of sore nipples, or other cause, the breasts not having been freely drawn, the ducts become clogged, and lumps called "cakes" are formed, and there is danger of sup-

uration, mammary abscess, or what is termed a "broken breast."

Chionanthus Virginica—Fringe-Tree.

BY

I. J. M. Goss, A. M., M. D.,

MARIETTA, GA.

SNOW-WHITE—From the Greek, *Chionanthus*—chion—snow, and anthos—a flower.

It is called old man's beard by the people, from its white bloom. There are three varieties of this shrub, some of which varieties possess dangerous narcotic properties—see Griffith's Botany. The *Chionanthus* which has been thoroughly tested by myself, and the results published from time to time, is a shrub, growing in sandy and rocky soils of middle Georgia, to the height of 4 to 8 feet, with long fringe-like blooms in May. The bark of the root is the part used, and a normal tincture is the only reliable preparation. It has never been thoroughly analyzed, but I procured from the *normal tincture* a resin, or oleoresin, having the taste and odor of the root-bark. Its synergists are Chelidonium, Chelone, Carduus, and Euonymus. **PREPARATIONS.**—The normal or saturated tincture is the only reliable preparation.

THERAPY.—The *Chionanthus virginica* has a special affinity for the liver, and considerable effect upon all the blood-making organs, including the stomach, glandular system, and spleen. Its indications are a yellow color of the skin and eyes, or jaundice; a pain in the hypochondrium, or sense of fullness and pain in the hepatic region. I was first led to its use by trying it in my own (to me, then,) hopeless case of jaundice, while attending lectures, in the year 1843, in the medical department of the University of Georgia. After a long salivation for a slight fever, that I had while reading medicine, my liver became greatly enlarged, my spleen also very greatly enlarged, and my digestion very feeble. I resorted to the saturated tincture, made with gin, and in ten days it had entirely removed my jaundice, and greatly improved my digestion and general health. Since that time, I have treated a great many cases of jaundice

from hypertrophy of the liver, and from the toxic effects of mercury. It is a valuable aid to other remedies in chronic hepatitis. I have never failed to cure jaundice in but one case, and I am fully satisfied that that was a case of gall-stones blocking up the duct. I now prescribe it regularly in all cases of ordinary jaundice, and in all cases of abuse of mercurials, and with uniform success in all such cases. As a remedy in syphilis, it has but few, if any, equals. It is well adapted to all those old cases that have been mercurialized, or to cases of tertiary syphilis that have not been treated with mercury. It is a valuable remedy in mercurial cachexy, removing the mercury, and improving digestion, &c.

I have often used it in those old cases of hypertrophy of the liver, that had long resisted all our reputed remedies, and in such cases it has proved a rich boon to those unfortunate subjects. I have treated several cases of persons that were subject to an attack of jaundice every summer, and in every instance the continued use of the tincture of *Chionanthus*, has, in a single summer, broken up the disease entirely.

I find that it is necessary to give it in material doses, say from 30 to 60 gtt., every three hours. This remedy is now attracting much attention as a catalytic in syphilis, from the publication of J. Marion Sims' letter, giving the treatment of syphilis by the Creek Indians; and also, the publication of old Billy-bow-leg's (a Chief of the tribe in Florida) treatment of syphilis in his tribe, as given by Dr. Cull, of Camilla, Georgia. In this formula the *Chionanthus* is the principle remedial agent. The *Secus Alterans* is composed of the *Stillingia Sylvatica*, *Smilax Sarsaparilla* (Bamboo-Brier), *Phytolacca Decandra*, *Sappa minor*, and *Xanthoxylum Carolinianum* (the *Sea Ash*). The receipt obtained of old Billy-bow-legs of Florida (chief of the Seminoles) is similar, only it has 1 ℥ of the Sulphate of copper to every 8 gals. In this receipt, the *Chionanthus* is the principle remedy, as they put about 25 to 30 or even 40 lbs. to one pound of the other articles. And I am assured by Dr. Cull, of Camilla, Ga., a noted physician, that he has cured quite a number of cases of syphilis himself with it, and could have cured many more if he could have procured the remedies where he lives; and also stated that Dr.

Crawford, of Crawfordville, Florida, has cured a great many cases with this last compound. In the proving by Dr. John Z. Lawshe, of Atlanta, Ga., there was no effect produced by dilutions, nor by 1 gtt. doses increased up to 25 gtt.; then he began with 30 gtt., increasing the dose 5 gtt. every hour, until he reached 1 ℥, taking three doses of 1 ℥ each; then he retired at 10 o'clock at night well, and awaking at 4.10 A. M., with a severe headache, just over the eyes, mostly over the left eye. The eye-balls became sore. Some cutting pains were felt in the abdomen. He then fell asleep, and awoke at 8.20 feeling sick, with soreness of the head, and a pressing pain at the root of the nose. The stomach was very greatly nauseated, with desire for stool. On attempting to walk, vomiting occurred, with much nausea, and vomiting of green bile, which relieved the nausea. A cold perspiration now broke out, with a very weak sensation.

He then states that he had a very offensive stool, consisting of bile and feces, with some griping. He states that he was quite nervous, with pain in the head and back, with no appetite. His face assumed a yellow appearance. All these symptoms passed off in a few days.

The hitherto neglected shrub has now been proved to be one of our best alteratives and liver medicines. There is no remedy equal to it in jaundice, and none perhaps superior to it in tertiary syphilis. What effect it will have in scrofula, is yet to be developed. Its very powerful catalytic effects upon the blood indicate it as an appropriate remedy for other blood-poisons besides syphilis. It is worthy of a thorough investigation. It grows abundantly in Georgia, and can be procured fresh, so as to have its full remedial effects, in all cases demanding it.

Two Fetuses with One After-Birth.

BY

WILLIAM H. WEABER, M. D.

NEW YORK CITY.

Mrs. W., set 29, the mother of one healthy child, sent for me, on the 30th of April last, to attend her in her second confinement. In an hour from the time I received the message, I saw the patient. I found her with labor-pains, which increased so rapidly in force that not more

than half an hour elapsed (after I had ruptured the membranes) before the expulsion of the foetus was accomplished. After the child had passed into the world, I applied my hand to the abdomen of the mother, and discovered that, although there was a sensation of hardness imparted to my hand, the uterus was but slightly contracted; at the same time my attention was called to a peculiarity in the umbilical cord, which presented the appearance of being knotted.

The fact that the uterus remained enlarged, led me to suspect the presence of another foetus; and, upon making an examination, my suspicion was confirmed. I then gave her 60 minims of fluid extract of ergot; as it produced no effect, in half an hour I repeated the dose, but with negative result also. As there was no hemorrhage, I concluded not to interfere further, and let nature do the rest. Six hours after, the second foetus was expelled in a state of decomposition; the uterus became diminished in size, and was felt in the hypogastric region well contracted. There was but one after-birth; the umbilical cord of one foetus was completely wound around the other in its whole extent, and both cords attached to the placenta at nearly the same place. There was but one chorion and one amnion. The first-born foetus lived only seven hours.

A Novel Method of Removing Coagulated Blood from the Bladder.

BY
W. F. BALL, M. D.,
COLUMBIANA, OHIO.

In the year 1882, I had a rather interesting case, which I find recorded in my case-book, an account of which I herewith present to the readers of the *Advocate*.

A colored man, while carrying a hod of brick on the third story of a building in process of erection (the flooring of which had not been laid), fell through to the floor below, a distance of about fourteen feet. In falling, he struck heavily on his perineum upon a joist, and tumbled in an insensible condition to the ground. His fellow-workmen, who at the time supposed he was killed, procured a board and carried him home. I was sent for. I found him still uncon-

scious; but, after administering the usual restoratives, he seemed to recover, and I left him.

About midnight I was again called, and found him suffering greatly from a distended bladder, with inability to micturate. I at once introduced a catheter, but no urine passed. The catheter was then removed and the eye found to be filled with blood coagula. The man was in great agony, and something must be done immediately to relieve him. I thought of injections to dissolve the coagula, but the bladder was so distended with urine that such an effect could hardly be obtained, and I did not practice it. I again introduced the catheter, after enlarging the eye, but with no better success. Finally a happy thought occurred to me. I sent to a drug store for a yard of rubber-tubing, $\frac{1}{4}$ inch in diameter, and fitted it on the catheter (which was already inserted into the bladder), and, handing the other end to the patient, told him to place it in his mouth and suck for all he was worth, as his life depended upon drawing the coagula through the tube. He obeyed my instructions to the letter, and drew with the capacity of a forty horse-power engine. Suddenly a great spitting and spluttering took place—the coagula had passed through the rubber tubing, and the urine followed to the amount of about three pints. The patient made a good recovery.

Treatment of the Insane.*

BY
ORPHEUS EVERTS, M. D.,
Medical Superintendent of the Cincinnati
Sanitarium.

Notwithstanding the common belief of Christendom that all manifestations of mind are effected by immaterial, intelligent, and immortal beings, temporarily associated with our poor mortal bodies, we are compelled to refer all disorderly manifestations to some defect, or depravity, of these same perishable and helpless elements.

This we do, not only because science so instructs us—but because to ascribe mania, melancholia or dementia, to such

*Read at the thirty eighth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, in Philadelphia, May 18th, 1884

hypothetical beings—souls or spirits—would be inconsistent with cherished ideas respecting the origin, constitution, and destiny of such beings—and might detract from the pleasing assurance that “all the ills that flesh is heir to” will be left behind, when “this muddy vesture of decay” no longer “shuts us in.”

I shall refrain, therefore, in presenting this report, from speaking of insanity as a disease of “the mind”—or immaterial man—inasmuch as such use of words is no longer justified by facts or theories—and I shall, also, at the risk of being regarded as “more nice than wise,” adopt the phrase—Treatment of the Insane—instead of—Treatment of Insanity.

There are two classes of insane persons, the curable, and the incurable, that may be treated, in some respects, quite differently, with propriety.

A proper treatment of the curable class is a matter of great interest to all, but more especially so, to members of the medical profession.

Treatment of the incurable, however interesting to the medical man, as a citizen, may as well be delegated to professional philanthropists, and political economists, whether educated as physicians or otherwise.

It may be understood, therefore, in advance, that the recommendations and suggestions to follow in this report, pertain to the treatment of such of the insane as are supposed to be curable by treatment; any allusion to the other class being simply incidental.

I shall assume that the physician called upon to treat the insane is capable of differentiating the curable from the incurable; or, if not, that he will treat all doubtful cases, tentatively, as if curable.

I shall assume, also, notwithstanding the claim of notable physicians to the contrary, that much the larger portion of the insane are incurable, even at the time when mental disorder is first discoverable by ordinary observers.

Just what the relative number of the incurable to the whole number of the insane is, I am not prepared to state. Modern hospital reports indicate a failure to cure, at least, sixty per cent of the whole number admitted to hospitals for treatment, and it is presumable that

a ratio of cures based upon the whole number of insane, for any given period, would indicate a much larger percentage of failure.

The number of persons usually reported “cured,” whose conditions represent only a kind of compromise between constructive and destructive activities, a restoration of order upon a lower plane of structural and functional capabilities, with a doubtful future, is worthy, also, of consideration.

The unknown quantity in this problem, which I may estimate at too low a figure, is the number of those who become incurable from neglect, or improper treatment, of any kind.

But the question of numbers, or the relative proportion of the curable to the incurable, is not important as bearing upon the treatment of the insane, of either class.

It has been, for a long time, taught, and believed, by physicians, and others, that the probabilities of recovery of insane patients are much increased by sending them to hospitals for the insane, for treatment, at any time before the conditions of disorder become chronic.

Upon what basis of facts this claim rests, if upon any, I do not know. It is inferentially correct, however, and I shall regard it as true.

If not true—if hospital methods and appliances are not superior to home methods and appliances in the treatment of the curable insane—then much that is to follow in this report is without significance.

If true—if hospital methods and appliances effect better general results, than do other known methods and appliances—the question at once arises, What are the distinctive features of hospital treatment, upon which its superiority depends?

That the greater success of hospital treatment of the insane, as contrasted with home-treatment, is attributable to any superiority of skill, or learning, on the part of such hospital physicians as are usually entrusted with the medication of the insane, is not to be presumed. Because—while it is to be presumed that all hospital physicians are learned and skilful, it is known that they are not, as a class, in possession of secret knowledges of any kind, pertaining to the healing art. And because the gen

eral result, or ratio of cures effected, as indicated by hospital reports, is seldom, if ever, *unfavorably* modified by the fact, that young and inexperienced physicians are sometimes placed in charge of large hospital wards. Nor by the fact that each hospital staff adopts a fashion of medicine peculiar to itself. Nor by the fact that homœopathsists, as profoundly convinced of the enormity of administering appreciable medicine to the sick, as some doctors of medicine are of the barbarity of applying appreciable restraint to the insane, are sometimes placed in full control of large hospitals for the insane, and administer only imaginary drugs to their wards.

The fact is, that the cures effected by hospital treatment—if any there be—are not attributable chiefly, if at all, to medication, by whatever method, or whatever drugs.

Knowledge of many sciences, more or less exact, pertain to a thorough medical education. And there are some thoroughly-educated physicians, even in America. But therapeutics proper is not a science, exact, or otherwise. Nor can it be, so long as the ultimate facts respecting the relation of matter to force, or of function to organization, remain, as now, mysterious.

Excluding medication from our estimate of values, then, in considering hospital treatment of the insane—what other feature is there, of sufficient importance to attract attention, and justify the inference of superiority?

The most prominent of all—restraint. Not this, that, nor the other method, or appliance for restraining the insane—some one or more of which may be objectionable, *per se* but restraint in a general and comprehensive sense. Restraint—that falls upon the patient as he approaches the hospital, as the shadows fall from its façades and towers upon the lawn beneath. Restraint—that becomes more appreciable when expressed by the attitude of persons in authority, superintendents and subordinates, physicians, attendants, nurses, and others, acting under orders, whereby the patient is placed at once, and unequivocally, upon the footing of a person laboring under some kind of disability—as requiring care and treatment—as an invalid—as insane. A whole system of restraint, making it possible to secure,

for the benefit of the insane, more or less perfectly, by general and special means, persuasive or coercive: (a) regularity of habits, including eating, drinking, bathing, exercise, and rest; and (b) an abandonment of pernicious practices. All of which, to an intelligent observer familiar with the homes and habits of our people—the assumptions, intolerance of environments, insubordination toward authority, and indifference to consequences of conduct, characteristic of the insane; and the attitude of concession, evasion, and downright lying generally occupied by relatives, friends, and physicians, toward the patient, justifies the presumption in favor of hospital, over home-treatment, upon which the recommendations of this report are based.

The first step to be taken, then, in the treatment of the insane, if curable, or doubtful, is to send the patient to the hospital; a reputable private hospital if circumstances warrant a liberal expenditure of money; to a public hospital if not.

If for any reason this step cannot be taken, the next best thing to do, is to convert home into a hospital, by an adoption of hospital methods, and appliances—so far at least, as to effect a recognition of the fact, on the part of the patient, that he, or she, is regarded, and will be treated, as a person incompetent to direct affairs pertaining to him, or herself; and to secure observance of the more important regulations, respecting conduct, and conditions of person and surroundings, essential to health.

It is true that these recommendations imply coercion rather than concession. It is true, also, that this feature of restraint, characteristic of hospital treatment, is being vigorously assailed and denounced as “antiquated,” “cruel,” “barbarous,” and “unsuccessful,” by partisans worthy of consideration.

It is claimed, indeed, that such recommendations as I have now made should be reversed, step by step. That the first thing to be done for insane persons, by way of treatment, is to prevent them from being taken to an insane hospital. And if this, for any reason, cannot be done, the next best thing is to convert hospitals into homes—cottages or villas—and abolish all such features and appliances as might, possibly, sug-

gest lunacy to a lunatic, or subordination to the insubordinate.

But such notions of treatment, so far as I am able to analyze them, are more fanciful than wise—more sentimental than judicious.

Sentiment has a high place in the evolution of humanity. It is something more than feeling. It is feeling and imagination integrated; organized; sometimes refined. But sentiment is not the highest intellectual attainment of mankind.

It is sweet and gentle to be interested, sentimentally, in the condition and welfare of the depraved and vicious—who are depraved and vicious because of an arrest of human development short of the higher and more complex capabilities that are essential to high, complex intellectual perceptions. Yet there is danger of sacrificing the best interests, not only of society, but of the vicious themselves, by permitting our conduct toward them to partake more of sympathy than of judgment.

So, too, it is generous and noble to be engaged in protecting the insane, and preventing insanity; but such ends cannot be accomplished by mistaken kindness toward the one, or false pretenses respecting the other object.

Nature, of which we are part, yet heed so little, is full of suggestions on this, as on all other subjects, were we but wise enough to see and comprehend them. For example—the conditions of our being are all coercive. Our environments are all restraints, imposed by nature. This world, in which we have our being and prate of liberty, is but a grand old hospital for the insane; and we are, all of us, but so many inmates, suffering limitations, each in accordance with his own infirmities, incompetences, or delusions. Incompetency throughout the universe implies subordination, from which neither love nor pity can redeem it.

The question of coercion, then, as applicable to the insane, is a question of capability and degrees; not of propriety. A question to be determined—each case by its own conditions. Needless restraint, or offensive appliances may be cruel. Failure to restrain, if circumstances require restraint, may be more so.

True Egoists, in the technical sense of the word, are the insane, for the most

part. Suffering deterioration of the highest and most complex capabilities, in accordance with the law of retrogressive order, soon or late they fall below, if indeed they ever occupied the true place of Altruistic perceptions, and hence become comparatively incapable of present forbearance, subordination or self-sacrifice for the good of others, or of self prospectively.

Children or savages, according to the degree of deterioration effected by disease, or the violence of activities manifested, are the insane.

As children or savages, according to conditions, tenderly or rigidly, they must be treated, for their own good and the welfare of society.

In addition to the general restraint characteristic of hospital treatment, there are three methods in common use, by which the insane may be coerced—classified, because of the means used, as Moral, Mechanical, and Chemical.

Of moral restraint little need be said. It suggests itself, and should always be adopted, and its elements exhausted, before any other is thought of.

Moral restraint fails, however—sometimes because of the incompetency, or impatience, of persons to whom its application is entrusted. More frequently because of the impairment of organs, on the part of the insane, upon which reflex mental capabilities depend.

The popular notion that some persons are gifted with special power, by which the insane may be fascinated and controlled, is erroneous. As much depends upon the peculiarities of the insane individuals as upon the characteristics of persons attempting to control them. The insane sometimes contract, unaccountably, sudden likes or dislikes for those with whom they come in contact, and resist or yield to them accordingly.

Moral restraint should never be permitted to fail because of needless association of patients with nurses, or others, toward whom they entertain delusive prejudices of a disagreeable character.

Argument, as a general thing, is unavailing as an element of moral restraint in the treatment of the insane.

A clear, firm, kindly statement of facts, to which may be added advice and persuasion, should limit verbal communications with the insane for restraining purposes.

The insane should be spoken to, under all circumstances, candidly and truthfully, if at all. There is no excuse for deception or prevarications. Silence is a far better alternative whenever the truth had better not be spoken.

Granting and denying privileges, as incentives to self-control, pertain to this method of restraining the insane. In the treatment of the incurable, especially of such as have been repaired, but not restored; whose mental capabilities are permanently deteriorated, but not disorderly; this practice is effective and appropriate.

Rewards and punishments are, in fact, the chief elements of moral restraint by which lower human and higher brute beings are ever influenced. He may be said to have attained a lofty intellectual eminence who can see clearly other data of ethics than rewards and punishments, immediate or prospective.

But in the treatment of other insane persons, all such as, by reason of disease, are dominated by delusions—incapable of reflex ideation, pre-occupied by concepts born of centric excitations, no real good can be accomplished by such means.

Music, lectures, religious exercises, picture-shows, all of the so-called amusements that figure conspicuously in hospital reports, are subject to the same general criticism.

Mechanical restraint consists of and embraces all force applied from without, by which bodily motions are limited. The means used are strong rooms, protection beds, camisoles, muffs, mittens, straps, wet or dry packs, and the hands of attendants.

A formidable array of implements, truly; but fortunately for practitioner and patient, like bottled medicines on the apothecary's shelves, it is never necessary to prescribe all of them at the same time for every patient under treatment. In a thoroughly equipped hospital, as supplementary to the general restraint alluded to, the necessity of special restraint has long been regarded as exceptional, and by some as altogether avoidable. Yet each of these appliances has its specific adaptableness to certain cases, and the demand now being made upon hospital physicians that all, or the greater part of them, be unconditionally rejected, and destroyed, because of a suppositious temptation to prescribe

them needlessly, if at hand, is based upon a pretext as unmanly as it is unreasonable. The same pretext, if valid, would compel the removal of all doors from private rooms, in which patients may be incarcerated—destroy all bath-tubs, broom handles, mopsticks and towels, manacle the arms and legs of all nurses, and banish all drugs from the face of the earth; so frequently have all these been subjects of abuse, so surely will they continue to be misused under some circumstances.

The only pretext worthy of consideration for such a demand is the assumption that it is better for the insane patient to exhaust structural capability by expressing disorderly activities, than it is to conserve morbidly excited energy by restraint.

This is debatable ground. But, as the assumption cannot be successfully maintained, nor perhaps refuted, by physiological citations, the questions involved can only be settled by clinical observations—and it becomes those who make the assertion, to show, by unsophisticated statistics, that there has been an increase in the ratio of recoveries of insane persons treated, corresponding to the ratio of disuse of special restraint. So far as I know this has not been done; nor can it be. An opposite conclusion indeed might be drawn from the appearance, that the ratio of recoveries of the insane is not now equal to the ratio of forty years since, either in this country or in Europe,

It may, also, be affirmed in behalf of special restraint, in the treatment of the insane, that in many instances, while it may not be positively beneficial, yet if not positively harmful, to the patient restrained—the benefit to other persons may justify the practice.

For myself, while I do not believe it best, to suppress all motion expressive of morbid excitation, I do believe it best, to so limit bodily motion as to prevent structural exhaustion, even though it should imply the occasional use of mechanical appliances. I say this in the face of the fact that it is claimed by eminent authority* that it is "eminently unphysiological to restrain mere outward muscular movements while the motor energy is being all the while generated in the brain convolutions," because I believe expression, muscular ex-

pression even, is so intimately associated with the cerebral energization, that the one condition may be, to some extent, affected, and modified by the other. Certainly this is so, in all physiological conditions—and we are compelled to treat pathological conditions in accordance with physiological principles. Motor energy, however structurally eliminated, implies blood, in a state of activity; and is strong or feeble in accordance with the condition of structure, and the quality and quantity of pabulum furnished. The circulation of blood through the brain can be almost if not quite doubled by muscular motion. To suppose that motor energy will, or can, be generated in the brain convolutions as rapidly when the body is in a state of comparative repose, as when it is in a state of general activity, is, it seems to me, unphysiological, however it may appear to others—and the announcement of a distinguished author* to whose pages, full of life and character, it is a delight to turn after the weariness inseparable from serious contemplation of some contemporaneous publications, that “our great efforts in the treatment of such cases (acute maniacs) now are to find suitable outlets for the morbid motor energy, to turn the restless, purposeless movements into natural channels, to get the patient to dig and wheel barrows soon, and to walk long distances, instead of shouting and gesticulating,” does not seem to me to be in compliance with any physiological demand looking toward cure, or conservation of energy, otherwise than as such change of direction of morbid energies into involuntary channels is, although effected by persuasion, in the nature of restraint, and ultimately in an actual reduction of muscular motion. And, if it be true, as stated by this same broad and liberal author that this turning of motor energy from purposeless movements into wheeling barrows, “saps and exhausts the morbid energy and excitement, producing healthy exhaustion and sound sleep, vigorous digestion and healthy excitation of the skin, the glands, and the excretory apparatus generally,” one is left still in wonderment that the ratio of recoveries is so little affected by such treatment—or indeed that any persons so treated should fail to recover.

*Clouston—Mental Diseases, p 142.

But even this author confesses all that could be desired in the argument; by saying “I have seen cases where restraint had to be applied to prevent the patient exhausting or hurting himself, but they are amazingly few in a well-equipped asylum, with large grounds, a farm, good attendants, and plenty of them, and a padded room.”

Conservation of energy, with “incidental protection” being the chief ends of special restraint, in the treatment of the curable insane, my belief is that the “protection bed” properly constructed and furnished, is the least objectionable, and most generally applicable mechanism for restraining such insane persons as require more than partial or momentary restraint of any now in use. It is preferable to a strong room, because it really limits the motions of the patient's body, instead of simply hiding the patient from public observation. It is better than the camisole, or pack, because it limits the general, without embarrassing the special, motions of the body; and does not beget resistance by irritating contact with the person. The incidental protection afforded by it, is all that can be desired.

For partial, or mere temporary, restraint, other mechanisms are more appropriate than the protection bed. Any one of those mentioned, for other than momentary restraint, is preferable to manual force.

In saying what I have on this subject, I have not been unmindful of the fact that grave physiological objections have been urged against the use of the protection bed. It has been asserted, indeed, that cerebral hyperæmia, and consequent maniacal excitement, and insomnia, is not induced, by gravitation of blood to the head, as a consequence of the recumbent position necessarily occupied by the patient thus restrained.

The facts that cerebral hyperæmia and maniacal excitement are not, necessarily, concomitant:—that recumbency and sleep have been forever associated in the natural history of man—and that a general retardation of the motion of blood in the veins, and mitigation of the heart's force, resulting from muscular repose, more than compensate any possible influence of gravitation, seem to have been overlooked, or without signi-

*Clouston—Mental Diseases, p 142.

ficance, in this estimate of causes and effects.

(To be continued.)

Note on the Operation of Tracheotomy in Cases of Diphtheria or Croup.

BY

JOHN W. OGLE, M. D., F. R. C. P.,

LONDON, ENG.

In consequence of the recent and lamentable death of Dr. Rabbeth various contrivances have been recommended as substitutes for the oral suction, which is, at times, and at a moment's notice, necessitated when opening of the larynx or trachea has been resorted to, in diphtheria or croup. I would suggest that such suction would be rendered free from any risk provided that a piece of some very thin, soft, and very pliable material, such as extremely delicate cambric or silk (or so-called "grenadine" or "gossamer" *), three or four inches square, were laid over the windpipe and so adapted as to form a small pouch or sac over the orifice made therein, which should be received into the mouth of the operator before the suction was practised. The character of the tissue or material would permit of the movements of the lips and tongue, appropriate to the act of sucking, and the diphtheritic stuff would be almost as easily drawn into the sac contained in the mouth as if nothing had been interposed between the windpipe-orifice and the cavity of the operator's mouth. It would doubtless be, also, advantageous if the substance forming the sac or pouch into which the diphtheritic material would be sucked, were well moistened by some suitable antiseptic liquid, such as a solution of boracic or salicylic acid, or a spirituous solution of thymol or diluted oil of eucalyptus. By such a procedure as the above described the diphtheritic films and fluids aspired into the mouth would not, in any case, come into direct contact with its lining membrane; and in this way danger to the operator would be entirely obviated.

It has been thought that most likely the evil (and occasionally fatal) results which have occurred to operators after sucking deposits into the mouth have

been consequent on some abrasion of the mucous surface. It is, indeed, generally conceded that diphtheria cannot be communicated to any part of the *skin* unless there be some lesion of continuity of the surface; but the details of such remarkable cases as Trousseau* and others relate, in which physicians have contracted diphtheria from patients and succumbed to the disease, seem to show, unequivocally, that the entirety of the surface of the mucous membranes does not by any means confer an immunity from contagion. The diphtheritic membrane in the mouth and throat has, from time to time, been dissolved by escharotics, astringents, &c.; and it has been suggested that possibly local agents might be of service in diphtheritic and other false membranes lining the windpipe, but of course the difficulty consists in applying them. If their application were practicable, and there were sufficient time for their action, most likely substances which possess a solvent power over albumen and fibrin, such as acidulated pepsine and lactic acid, would be those selected for the purpose alluded to.

Before closing I wish to mention that Dr. Ewart, of St. George's Hospital, has observed to me that probably in cases where diphtheritic and other morbid products have to be sucked into the mouth, the operator, by rinsing out the mouth previously to the process of sucking, would be able to shield the mucous surface from contagion.

THERAPEUTIC SARCOGNOMY.—"This work should be in the hands of every physician who desires increased success in his practice. The secrets it unfolds are simply marvellous; the explanations are so clear that any physician can adopt the methods in his practice at once. Physicians making use of electricity in their practice will find the book of especial value."

* The reader may remember the three cases of malignant diphtheria quoted by Trousseau. First, that of a hospital colleague into whose mouth a small quantity of saliva was spurted by a patient when coughing, and who died in forty-eight hours; secondly, that of another physician, who died, also in forty-eight hours, after applying his mouth to the wound in the windpipe; and, lastly, that of a young medical man who died after an attack of diphtheria of seventy hours' duration, caught whilst sitting up for three nights with a patient.—*Lancet*.

*Possibly some texture like goldbeater's skin.

The Medical Advocate,

A Monthly Journal of Medicine, Surgery and the Kindred Sciences.

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We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

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THE ECLECTIC PUBLISHING CO.

EDITORIAL.

This issue commences Volume II. (new series) of the ADVOCATE.

We enter upon our second year with renewed energy born of the success that has attended our efforts from the very inception of our publication. We have endeavored to give our readers a medical journal that would worthily represent the cause of progressive medicine; judging from the many cordial and substantial expressions of appreciation we have received, we feel justified in entertaining the belief that we have, in a great measure, succeeded. If we have not quite reached the high standard of excellence aimed at, we have, we believe, approached that position sufficiently near to become inspired with a confident determination to arrive there in the near future.

In consequence of the liberal support extended to the ADVOCATE, it has, from time to time, as circumstances seemed to warrant it, been enlarged and other-

wise improved; with this issue it is still further enlarged by the adoption of a uniform size of type throughout, and of a size that will permit of an increase in the amount of matter presented to our readers. As announced last month, we shall shortly introduce a "Portrait Gallery," to contain, each month, several portraits of prominent members of the various branches of the medical profession, and a department devoted to "Original Translations" from the French and German medical periodicals.

With the introduction of these new departments, it is our intention to retain all the desirable features that have characterized the ADVOCATE in the past, and in future to embody others that we have in prospect, as opportunity may offer.

As a matter of convenience to correspondents who have frequently complained of our length of title, and for the purpose of extending the scope of our publication, our Journal will hereafter be known as THE MEDICAL ADVOCATE.

* * *

It has long been known that the green coloring matter used in the manufacture of wall papers contained sufficient arsenic to seriously affect the health, and even cause the death, of a person occupying a room where such paper covered the walls. It is not generally known, however, that this deleterious drug is found in papers of various hues besides green, and that it is also extensively employed in coloring textile fabrics, toys, confectionery, and many other familiar objects in daily use.

The Massachusetts Board of Health has recently published a very interesting paper on this subject, by Professor E. S. Wood, giving some startling facts in relation to the danger to life and health resulting from almost constant contact with this powerful agent. A leading New York daily, commenting on

Professor Wood's paper, says: "While the statements concerning the results of his inquiries in other directions deserve careful attention, those relating to wall paper, the most common source of domestic arsenical poisoning, should be published far and wide. Exposure made green wall paper unpopular, and now arsenic is more frequently found in papers that are commonly regarded as harmless. The poison is used so extensively that there is absolutely nothing in the appearance or color of a paper by which any trustworthy opinion as to the presence or absence of arsenic in it can be formed. A high price affords no security, for, while some of the most costly papers are heavily charged with the poison, some very cheap papers contain none of it. Moreover, there are papers of a brilliant green color in the manufacture of which no arsenic is used.

"Six pages of Professor Wood's article are covered with specimens of wall paper, thirty-four in all, which he has carefully examined. These specimens are of all colors and patterns, ranging in price from twenty cents to three dollars a roll. The quantity of arsenic carried by the ordinary wall paper in this exhibit varies from a little more than half a grain to nearly seven grains in a square yard. The quantity in one specimen at \$1.50 a roll is $6\frac{1}{2}$ grains to the yard; in another at \$2 a roll it is $3\frac{1}{2}$ grains, and in another at the same price it is $5\frac{1}{2}$ grains. There is also a specimen of calico that carries one grain in a yard, and a specimen of Turkey red cotton that contains a little more. But while these ordinary papers are so dangerous to health and life, they are almost innocuous in comparison with the so-called 'glazed and plated' papers so largely used in kindergarten schools, where they are handled daily by children. Analysis proves that some of these papers, reds and greens, contain

from twenty to fifty-five grains of arsenic in a square yard."

Two or three grains of arsenic administered to an adult will cause death; when we consider that one square foot of these kindergarten papers contains over seven grains, and that children have a common habit of putting these slips in their mouths, the danger becomes apparent. Doubtless many cases of illness, ascribed to the weather or to diet, are the result of the use of these poisonous pigments. Nearly every physician who reads this article will recall cases in his practice where, despite the greatest skill and the utmost care, it was impossible to determine the nature of the malady with which his patient was afflicted; a knowledge of the facts above stated might have furnished some light at such times, as well as in cases of protracted illness, or where the patient was longer convalescing than there was any apparent reason for. Not long since, a distinguished physician lost two children by some mysterious disorder; some time after he discovered that their death was due to the arsenic contained in the paper on the walls of the nursery.

Professor Wood's investigations further showed that these deadly pigments are found on visiting-cards, theatre-tickets, etc. A common paper used for covering boxes carried on a square foot of surface forty-five grains of arsenic—enough to kill fifteen men. This poisonous matter has been used extensively on children's toys, building-blocks, balls, rubber dolls, balloons, and even books, both paper and cloth. From a paper collar ten grains were obtained.

It would consume a great deal of space to attempt to give a complete list of the articles rendered dangerous by this drug; but enough has been said to point out the necessity for a thorough investigation in this direction, and such prompt action in the matter as might seem advisable to the proper authorities.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—I notice that you occasionally publish formulæ of proprietary preparations. Will you, or some one of your readers, give me the formula for preparing what is known as the "*Sun Cholera Mixture*."

GALEN.

Ans.—The following is the original formula:

℞ Tinct. capsicum. parts 1
Tinct. opium. " 1
Tinct. rhubarb. " 1
Spr. peppermint. " 1
Spr. camphor. " 1

M.—Dose, 15 to 30 drops.

EDITOR ADVOCATE:—Will you tell me how many members of the medical profession there are in the United States, and the relative strength of the different schools?

MEMBER.

Ans.—There are about 70,000 practicing physicians in the United States—10,000 Eclectics, 6,000 Homeopaths, a few known as Physio-Medicalists (we do not know how many), and the balance graduates of the dominant school.

EDITOR ADVOCATE:—While you are making so many improvements in your Journal, establishing new departments, etc., might I suggest that you publish a department of "Formulæ?" I have no doubt that many physicians would be glad to contribute their private prescriptions for the benefit of the profession, if they were invited to do so. I believe that many valuable methods of treatment are lost that might just as well be given to the profession through some such medium as the ADVOCATE.

F. G. GAGE, M. D.

N. Y. Dec. 16, 1884.

Ans.—Thank you! We adopt your suggestion with this issue; and herewith invite physicians to send us such formulæ as have proved useful in their practice.

EDITOR ADVOCATE:—In your December number, "Subscriber" asks for a routine remedy for leucorrhœa; he does not state whether for internal or local use, but presume he means local. As leucorrhœa is, usually, only a symptom of a general disorder, it is manifestly irrational to treat it without first ascertaining the *cause* of the disorder. In cases where the local trouble is the prominent feature presented, astringents are indicated. I use the powdered bark of quercus alba in the majority of such cases. Where the leucorrhœa is dependent upon a debilitated state of the system, tonics, stimulants, etc., are in order. The local trouble is often corrected by the aid of proper internal remedies alone.

S. GOURLEY, M. D.

BROOKLYN, N. Y.

EDITOR ADVOCATE:—If "Subscriber" has not already used the following prescription for leucorrhœa, let him give it a fair trial. He will find it efficacious in most cases; I have found it beneficial in nearly every case where I have made use of it.

℞ Hydrastis, powdered root. . gr. x
Hot water. 3 iv.

M. Let it cool, strain it, and use as injection; repeat night and morning.

R. F. G.

EDITOR ADVOCATE:—I do not believe "Subscriber" will find a routine remedy for leucorrhœa if he search the world over. I would suggest that he study up the following remedies and their indications in some good Homœopathic treatise: *Sepia*, *pulsatilla*, *baptisia*, *Calc. carbonica*, etc.

I. G.

FORMULÆ.

FOR ENLARGED TONSILS.

℞ Ext. juglandis, ... gr. vi.
Aque, ... 3ij.

M. Apply to the tonsils with a camel's-hair brush. Its action is prompt and efficacious.

TO DISCUSS TUMORS, ETC.

℞ Ammonia hydrochlorate, . . . 3ij.
Aque dist., ... 3j.
Tinct. conii mac, ... 3j.

Dissolve the ammoniacal salt in the

water, and add the conium. Use locally.

FOR EPISTAXIS.

℞. Geranii mac. fl. ex., - - - f ̄ss.
Sugar, - - - - - 3j.

Repeat dose in 5 minutes if necessary.

FOR FACIAL NEURALGIA.

℞. Cimicifuga, fl. ex., - - - f ̄ij.
Aquæ, - - - - - f ̄ij.

M. Dose, one teaspoonful every hour.

FOR ANGINA PECTORIS.

℞. Tinct. colocynth. - - - gtts. v.
Aquæ, - - - - - 3iij.

M. Dose, one teaspoonful; repeat in 15 minutes if necessary.

TO PREVENT HAIR FALLING OUT.

℞. Glycerine, - - - - - 3iv.
Tannin, - - - - - 3j.
Tinct. cantharides, - - - 3j.
Oil capsicum, - - - gtts. x.

M. Rub into the scalp morning and evening.

WORM SYRUP.

℞. Fl. ex. spigelia, - - - f ̄v.
Fl. ex. senna, - - - - - f ̄ij.
Oil aniseed, - - - - - m.x.
Oil caraway, - - - - - m.x.
Syrup, - - - - - 3vii.

M. Dose, one or more teaspoonfuls at intervals until purging commences. Prescribe with care.

PSORIASIS.

℞. Liq. ammonii acetatis, - - - 3ij.
Aloini, - - - - - gr. ij.
Infus. digitalis, - - - - - 3ij.

M. Sig. Two teaspoonfuls in water every two or three hours.—*N. E. Med. Monthly.*

ECLECTIC SELECTIONS.

TITANIUM OR CIMICIFUGA.—By G. W. M. Calver.—In the October number of the *Medical Brief*, I noticed an article by Dr. M. M. Griffith, bringing the Carbonate of Titanium before the profession, as a positive emmenagogue in amenorrhœa. The article above mentioned, it appears, has created quite a boom in the Titanium market. In a little time the market will probably be overstocked, as Titantic acid will be

obtained from Rutile, which is found in the limestone regions; and from Titanic iron, found in the iron regions of Pennsylvania.

His attention was called to its medical properties, by reading a French medical journal, several years ago, in which it was recommended as a stimulant to the sexual organs, with the expectation of eventually producing barrenness.

He claims to have obtained very good results from its use in combination with Aloes; and succeeding in relieving amenorrhœa with certainty. The stimulating effect may be and often is desirable; but is the second property or barrenness to be encouraged among our American women?

I read his article a second time, but did not, however, feel as though Titanium was required if I could obtain Cimicifuga. For over twenty years I have used Cimicifuga racemosa, or Black Snake Root, and produced almost as much as he claims for Titanium, with the exception of producing barrenness, as it has the opposite effect, of increasing the tendency to fecundity. In cases of retention, I frequently give the following: Saturated Tinct. Cimicifuga Rac. 3j., water 3iv.; a teaspoonful every two or three hours, commencing a week before the menstrual epoch. If the case is one likely to be tardy, and require increased doses, I usually on the day before, or the day the discharge is due, increase to a drachm of the tincture three times daily. A short time ago, a girl about fifteen years of age came from the seaside to be treated for amenorrhœa, with tuberculosis of both lungs developing rapidly. She had been treated by several skilled brethren for upwards of two years, at her home, and they retired from the conflict unsuccessful.

In this case I used the Macrotin or Cimicifugin in water; and in two weeks her long-looked for visitor arrived. At the next period she overrun her time five or six days, without having taken any Cimicifuga; when a call was made, the condition of the patient stated, and a teaspoonful of the tincture given in the evening. The following morning there was sufficient evidence that the medicine had acted as desired.

A few years ago, I gave the Cimici-

fuga to a lady patient who had passed the change for over a year, without any evidence of a return of the catamenia; and in two or three days it was re-established. It was unintentional, as the medicine had been given for other purposes. I have had the same results in more than one case, similar to the last one, and in many cases similar to the first mentioned. When there is suppression in married ladies from natural causes it cannot and should not be depended upon, although I can recall more than one who used the ordinary tincture in dessert or tablespoonful doses, and could produce a good free discharge at any time. If given in doses of one or two drops every three or four hours for a week or two previous to the menstrual period, it will prevent those heavy dragging pains incident to congestion of the pelvic viscera, and produce a normal condition of the organs. I always discontinue it a day or two previous to the epoch, if menorrhagia is anticipated, as the tendency is to augment its flow. I prefer the saturated tincture made by maceration, using eight ounces of the green or very recently dried root to a pint of alcohol of 76 per cent., but frequently use the Macrotin or Cimicifugin of the first decimal trituration, and get very nearly the same results, but not quite so promptly, giving from two to five grains of the triturate. I see that King, Scudder, Paine, and Phillips ascribe emmenagogue properties to the Cimicifuga. Goss mentions it; Merrell's Digest and the U. S. Dispensatory tenth edition, and others, do not ascribe to it any such properties, which I should judge was an oversight. — *Eclec. Med. Jour.*

BICHRIMATE OF POTASH.—The sooner the medical man becomes educated to the due appreciation of the therapeutic properties of bichromate of potash, the quicker he will find himself master of certain morbid states that have hitherto baffled his skill. In cases of aphonia or voiceless states, the remedy under consideration is worth more in effecting a cure than any other in the materia medica. As soon as the medicine is swallowed a pleasant glow or pungent warmth is felt in the throat and along the respiratory passages. The agent will do more for diphtheria than any

other remedy yet recommended for that dangerous disease. A prescription as follows is averagely right for adults: $\mathcal{R}$ Water f $\mathfrak{z}$ iv., bichromate potash gr. j. M. S. Dose, half a teaspoonful every two to four hours. I usually give a dose once in three hours. The medicine thus administered never irritates nor poisons. It should not be dissolved or mixed with anything but water. The solution is of a rich orange color, and has not a pronounced flavor. A child will take it without expressing disgust.

A person liable to become hoarse at every chilly change of the weather should carry a bottle of the medicine in his hip pocket. A gentleman who has had no voice above a whisper for two years, wrote me as follows: "In five weeks after I took the medicine you prescribed I spake aloud. The voice came all at once, though I had felt for days as if it were about to return."

Bichromate of potash will not cure ulceration of the larynx, a disease characterized by return through the nose of fluids designed to be swallowed. However, the agent is as good as any for that almost fatal state of disease. It should be given in alternation with arsenic in the management of incipient phthisis pulmonalis. The average patient in the earlier stages of consumption should have a dose of bichromate of potash every three hours, a drop of Fowler's solution an hour from that time, and a drop of the tincture of veratrum viride at the end of the third hour. Then a dose of the potash begins another round in the rotation.

I usually give arsenic in combination with phosphates, and possibly gain a little by the combination. All tuberculous manifestations should be treated in this way, and all diseases that block the lymphatic system. Persons having synovitis, and arthritis through constitutional taints, are to be medicated in the manner indicated. The medication is decisively impressive, and in no way offensive. In a day the patient feels enough better to acknowledge it.

A grain of bichromate of potash in four ounces of water, and given as directed, will do infinitely more as an anti-syphilitic than the best preparation of mercury or large doses of iodide of potassium. In tertiary syphilis mercury is useless, and the bichromate of

potash is valuable. The iodide of potash is chiefly useful in syphilitic perioritis.—*Eclec. Med. Jour.*

INCREASING THE STATURE OF WOMEN THREE AND A HALF INCHES.—No doubt it is still as true as it ever was, that no one "by taking thought can add a cubit to his stature," but if the *Pall Mall Gazette* (London) is not stretching the truth, the fashionable women of England, with an ingenuity worthy of their American congeners, have really discovered a way of increasing their height, and that not by the fictitious aid of high-heeled boots, but by actually stretching their bodies. From making over dresses so that they will look "just as good as new," women have applied the making-over process to themselves. If teeth and hair are missing, they can be replaced by artificial ones, while legs, arms, and eyes, which, so far as display is concerned, are almost as good as those supplied by nature, can be had for a price. Padding will make the female form round and shapely; paint will conceal an undesirable complexion; and a German has discovered a method whereby the color of the human eye may be changed at will; but hitherto there was no way by which a woman, if she chanced to be little, could make herself tall, and for the "dumpy" woman there was positively no hope; she could only make the best of nature's error, since she could in no way correct it.

Now, however, it is all changed, the problem of adding to a woman's stature has been solved. It occurred to an English physician—beyond question he was a married man—that the human form was more or less elastic. He reflected that we are taller in the morning than we are at night, because the body, by its elasticity, regains when resting in the horizontal position, what it lost in height by the influence of gravitation when erect. Furthermore, the elasticity of the female form has been demonstrated by the use of the corset. The waist may be compressed, but a compensating expansion takes place in other parts of the body. Whenever a cubic inch of flesh is pushed away from the region of the waist, it makes its appearance elsewhere. In fact, the corset diffuses the wearer's waist instead of partially annihilating it. The inventor of

this method concluded that if one-half of a woman's waist may be transferred from her belt to her shoulders, her height could be increased by squeezing her whole body in an elongated corset. The patient who is to undergo this process is encased in a very tight corset, and dons shoes weighted with fifty pounds each. She is then placed in a machine, consisting of a ring encircling the waist, and is suspended from the ceiling so that her feet are clear from the floor. The corset forces the upper part of her body upward, and the weight of her shoes stretches her from her waist downward. Of course the bones cannot be stretched, but the joints can. It is stated that by the above process the length of the spine can be increased two inches, while the ankle, knee, and hip joints can be stretched an inch and a half more, and thus three and a half inches can be added to the height of any woman who has the courage to undergo the trouble of the process which lasts, with brief interruptions, for six months. Of course that is not adding a cubit (about eighteen inches) to one's stature, but it certainly is adding a good deal, for there are other situations beside the end of a man's nose where "an inch is a good deal," and three inches and a half will transform an insignificant woman into a graceful and even majestic one, and there are plenty of small women who will be only too glad to be converted into tall women at the cost of six months seclusion from society.—*Mass. Eclec. Med. Jour.*

SEXUAL EXCESSES.—By J. E. Ryan, M. D., Chicago.—Sexual excesses are almost as ancient as the human race. Man has at all times and among all nations been given to refinements of sexual lust. It seems, however, as though the ancient races had been more corrupt in this respect than the modern. All such horrible violations of nature as pederasty, sodomism, etc., are much less frequent among us than they were among the ancient Greeks, Romans, and the Orientals. Even the Bible furnishes records of the sensuality of the Asiatic and African nations. Suffice it to mention the vices of Sodom and Gomorrah, the excesses of Ruben, Juda, and of Thamor, who may be set down as the mother of prostitutes; of Potiphar,

Abraham, and even of the wise Solomon, who kept a harem of a thousand women. The ancient Egyptians were celebrated for their sexual excesses. The lesbian love, which led to the extirpation of the Clitoris—a practice which is still prevalent in modern Egypt—for the purpose of arresting this abuse, emanates from this region. According to Herodotus, the Pyramid of Cheops was constructed by the lovers of the daughter of this king as a reward for her favors. Of the wild excesses of Cleopatra, whole volumes might be filled. The ancient Babylonians, Medes, and Lydians were celebrated for their debauched manners. But the licentiousness of the Persian kings exceeds everything that history has recorded in the shape of human immorality. The most beautiful and fascinating girls were sent to the Persian kings from every province of their vast empire. These girls had to anoint themselves for twelve months with salves, balsams, and myrrh before they could be admitted to the honor of sharing a nightly debauch with their master. Even their own daughters and sisters became the concubines of the Persian kings. There was a law in Babylon which obliged every maiden in the country to expose herself to a stranger once in her lifetime in their Temple of Venus. The women of Carthage and Lyons had to submit to a similar prostitution, and the money which they earned by this degradation was their wedding present. The women of Lydia obtained their bridal gift by similar means. And the women of Armenia were not deemed fit to be married until they had been prostituted by some stranger in the Temple of Diana Anaitias. In the Temple of Belus, at Babylon, at Thebes in Egypt, and at Patarae in Lydia, it was the gods who honored the young maiden with their favor, and there are devotees in Egypt to whom women expose themselves in public in the belief that their conduct is well pleasing to God. We are well acquainted with the debaucheries to which the Greeks and Romans were addicted at the period when these nations had fallen from their high estate.

Who has not heard of those bachanalia during which young girls in a state of intoxication, and singing amorous songs, half naked and dishevelled, committed the most horrible orgies with the men

disguised as satyrs and shamelessly exposed? Sappho rendered herself famous not only by her songs, but also by her amorous excesses and by the lesbian vice which she helped to spread. The prostitute and public dancer, Collytto, was worshipped in Athens as a goddess, under the name of Venus Popularis. She was honored by nightly orgies under the direction of her priests.

Public depravity was still worse in ancient Rome. Caesar bargained away his virtue to Nicomedes, King of Bythania, who was designated as the husband of all women and as the wife of all men. Augustus was guilty of the blackest depravity, and the poet, Ovidius, was banished from the court of Rome for no other reason than because he had surprised the Emperor in the act of committing incest with his own daughter. Every Roman lady, married or unmarried, sought the honor of a debauch with the Emperor. They had first to undress themselves in order to have their secret charms or defects examined before they could be admitted to the imperial favor.

Caligula, whom nature, according to Seneca's own statement, had destined to show to the world what a monster on a throne is capable of doing, committed incest with all his sisters, even in the presence of his wife and while eating his meals. He took off the married women in the presence of their husbands, and after having exposed them in public, used any of them he took a fancy to. His palace was a brothel where the most horrible vices were committed. He boasted of being the king of vice, and the most infamous excesses are charged upon him and his companions.

Messalina, wife of the imbecile Claudius, surpassed even women of her time in vile licentiousness. Juvenal says of her, dressed in vile clothes she entered her chamber in a public brothel, and under the name of Lyciska exposed her body, that had borne the magnanimous Britannicus. She was the last to leave the house in the morning, not satiated, but wearied. Nero went even so far as to violate the person of a vestal, a crime which the superstitious Romans would not forgive their Emperor Helio-gabalus. The purifying influences of Christianity arrested for some centuries these excesses, but after this period lost all power of restraining the lusts of

either rich or poor, laymen or priests. This account of sexual excesses might be continued down to the present time, but it is useless to dwell on such statistics any further. The facts which are related are sufficient to show that such excesses have prevailed among all nations and at all ages, and have been a prolific source of the physical and moral deterioration of our race. Among the specific forms of a depraved sexual appetite, we distinguish pederasty, the lesbian love, and sodomy. These abominations are fortunately rarely indulged in among modern nations, but there is one vice which is universally prevalent nowadays, and that is the vice of self-abuse, or Onanism. This is a most pernicious vice, and a deplorable substitute for a natural gratification of the sexual passion. According to the Bible, this vice was first practiced by Onan, from whom it is named, but the Greeks and Romans attribute it to the artful Mercury, who invented it for the benefit of Pan, who had lost his mistress, the beautiful Echo. It is an unfortunate fact that this vice can be traced to the remotest antiquity, and that it has been practiced by the lowest as well as the highest classes of society. It is a most unnatural vice, resulting in the extinction of the conjugal faculty, demoralization and weakness of the sexual powers. The effects of this vice are the more pernicious the earlier it is practiced. In our generation it is known even to tender childhood. Thousands are initiated into such practices by servants and nurses. In public and private schools it is universally prevalent. How important it is, therefore, for parents and teachers to watch the private conduct of their pupils. The consequences of the vice differ more or less according to the age of the patient. Previous to the age of puberty the effects in both sexes are pretty nearly alike. Momentary excitement followed by depression of spirits, and finally by a more or less complete derangement of the nervous functions.

The following will give a tolerably accurate picture of the gradual effects of this vice, after having indulged in this practice for a time, repeating it more and more freely until it becomes a daily habit. The child, without being otherwise sick, loses its bright complexion, which becomes pale, of a greenish tint,

especially around the eyes, which are sunken, surrounded by blue margins, and the lips lose their vermillion hue. Careful observation reveals to us other important signs of the alteration of the child's health. The mind is indolent, the child sits with its head inclined forward, staring, as if absorbed in deep thought, without, however, looking at anything, and startled by a question put suddenly. If told to do anything the child rises slowly from its seat, and all its motions are slow and heavy. It is averse to play, which it loved formerly; prefers sitting quiet and alone, becomes obstinate, peevish, and irritable, and cannot bear the least joke. Children addicted to such habits like to be in solitary places, where they can indulge their vicious propensities. They like to sleep late in the morning, but, nevertheless, feel unrefreshed on getting up. Gradually every function, especially digestion, suffer more or less; the tongue and teeth are covered with phlegm; the least nourishment causes distress. The child grows thin, and the mental faculties are weakened. The power of comprehension is diminished, the child grows dull, though unconsciously so. Such consequences may continue for years, even to the end of life, even though the practice of the habit be abandoned, and everything had been done to restore the patient's health. If some kind of sickness sets in at this time it is generally very severe. The least fever is apt to assume a typhoid form, and the exhausted body speedily succumbs to the ravages of disease. Sadly does the young life perish, even before it had begun to bud, as a young plant withers away at whose root a worm had been gnawing. All the cares of the sorrowing parent are fruitless. The sources of their highest terrestrial happiness are drained, and the State is deprived of useful and healthy citizens. From this short but true picture we may infer that there is no more degrading bondage than the bondage of one's own lust. The imagination is enkindled by an impure fire. It is in vain that the patient tries to resist the power of habitual vice. It torments him in his dreams and in his waking hours, and instead of enjoyment, it gives him misery and disappointment. Self-abuse is the most certain road to the grave. It not

only destroys the body, but undermines the peace of the soul. The destruction is not all accomplished at once. Slowly, but most certainly, the Onanist instils a poison into his frame that will inevitably lead to death. If this vicious habit is continued after puberty the fountain of health is drained forever; the mind is weakened, the memory gone, the ideas become confused, and the patients frequently are seized with mania. They are subject to frequent attacks of vertigo. Their senses, especially sight and hearing, are weakened. The body is exhausted; its growth is checked. The patients are tormented by violent pains, such as headache, pains in the chest and stomach, colic. All complain of an indescribable lassitude in the limbs. The sexual organs suffer a great deal. Some lose all power of erection; others lose their semen from the least excitement, even at stool, while bearing down; others with spermatorrhœa. Most of these unfortunates are impotent, either because they are incapable of erections or because the semen has lost all its vivifying properties. In women the consequences of Onanism are somewhat different from what they are in men. The object of this vicious habit is the same in boys as well as in girls, viz., sexual excitement. There is this difference, that girls do not weaken themselves by the loss of spermatic fluid, but by the excessive exaltation of the nervous system. Nervous prostration is, therefore, the result of Onanism in young females, and is characterized by headache, depression of spirits, obstinacy, sadness, indifference to worldly pleasures, and, finally, melancholy and other forms of mental derangements. The senses become duller, especially the eyes, which are red and dim, with a staring look. In the hospitals and lunatic asylums there is a larger number of females than males under treatment for Onanism. This is an additional proof that in the female the mind and nervous system are principally affected by Onanism. All sorts of spasmodic symptoms develop themselves, such as spasms, cardialgia, chorea, epilepsy, catalepsy, convulsions, etc. All the former charms of the young woman leave her; her face looks sallow, thin, the skin is rough, dry and cracked, covered with freckles and pimples. The eyes look dim, the lips are pale and

bluish, the teeth decay. A copious mucus is discharged from the vagina, corroding the thighs, groin, and perinæum, and causing a most distressing hysteria. The internal organs become diseased, indications of cancer of the womb develop themselves, and the patients either die of some such disease, or pine away from debility.—*Chicago Med. Times.*

HOMCEOPATHIC SELECTIONS.

COCAINE.—This drug, which has recently attracted so much attention as a local anæsthetic, was discovered by Dr. Samuel R. Percy, of this city. Dr. Percy read a paper before the New York Academy of Medicine, Dec. 2, 1857, on the mode of preparation, chemical and physiological properties of an alkaloid which he obtained from the leaves of the erythroxyton coca and called it erythroxyline. Two years afterward Niemar, in Germany, described the same alkaloid under the name of cocaine. The record of Dr. Percy's paper is to be found in the books of the Academy, but the paper itself has been lost. There is no doubt Dr. Percy's discovery takes the precedence, and to him belongs the fame.—*N. Y. Med. Times.*

KOCH'S BACILLI OF CHOLERA.—By Rollin R. Gregg, M. D., Buffalo, N. Y.—The August number of the New York *Medical Times* contains the following description of Koch's assumed cholera bacillus: "It is described as slightly curved like a comma, or even more so, in the form of a semi-circle. In the cultivations of these comma bacilli, S formed figures arise, and more or less long slight wavy lines made up of two or a large number of these bacilli, which by a continued increase have remained connected." I have been looking several months for an accurate description of the so-called cholera bacilli, but this is the first that has come under my notice. Now, I have seen thousands upon thousands of these assumed bacilli in numerous successive experiments with perfectly fresh fibrin stirred out of healthy bullock's blood, and put in distilled water a few days to rot. Language could not give a more accurate description of what I have seen in that way many times than the two sentences

I have quoted describing the cholera bacilli. What can all this mean, then, but that a mistake has been made in some way, or a too hasty conclusion drawn by the advocates of the cholera bacilli? Certainly what I saw in rotting fibrin from the blood of the healthy ox were not cholera germs. And nature does not repeat herself in identical forms in two different departments of her work, the one being healthy fibrin under decay and the other disease producing germs.

June 15, 1884, I published a paper entitled the "Revelations of Fibrin," in which was given the following language, describing the so-called spiral bacteria obtained from spiral threads of fibrin broken up by rotting: "Many of them were of the shape of a long and narrow letter S, while others had more spiral twists in them, extending out to what appeared under the power used to be from a quarter to half an inch in length and a few three-fourths of an inch or more in extent." Also this: "With the spirals, sometimes one end will break off in a short crook, or those of the shape of the letter S will break in two in the middle, and then it is amusing to see the awkward movements or attempt at movements of such pieces." When the end of a spiral thread of fibrin breaks off "in a short crook" this will be almost identical in form with the comma; and when the S-formed pieces break in two in the middle they give the "semi-circles" described by the *Medical Times*. The semi-circles breaking in two, as they commonly do, each furnishes two comma-shaped pieces. The "long slight wavy lines made up of two or a larger number of these bacilli" are the longer pieces of the spiral threads of fibrin, two, three or more times the length of the S-formed pieces; and instead of having "remained connected by continued increase" as the *Times* says, they had not yet parted under the rotting. Their point or points of separation were often to be seen by their being partly broken at such points; and especially when they were in motion the two parts would be seen to bend much more readily at those points. I have seen hundreds and thousands of these appearances in the rotting of healthy fibrin.

Next it should be borne in mind that my experiments were made last autumn

before Dr. Koch went to India after his cholera bacilli, that my paper describing my investigations was written last winter, six months before I had seen the slightest description of these bacilli, and was finally published six weeks before the article quoted from the *Medical Times* appeared; so there is not the slightest chance for saying that my work or the description of what I found was an after consideration or that the language was strained to correspond with something that preceded. I was describing as accurately as I could what I saw many dozens of times in many successive experiments; and the fact that I found the same identical forms and all of them in such great numbers, exactly as Koch subsequently described what he found in an entirely different line of investigation, is certainly very significant. And here let me say that there is no mistaking the various appearances of fibrin when one becomes familiar with them. There is nothing else like the threads of fibrin in their healthy organization; there is nothing else like the rods that break out from its straight threads under rotting or disease; there is nothing else like the spirals that break out from its spiral threads under similar agencies; there is nothing else like the granules of fibrin into which such rods and spirals ultimately break down; and finally there is nothing else in all nature that goes to pieces under disintegration as fibrin does. The lines of demarcation are as distinct at every step from everything else as they possibly could be. As I have already said, "nature does not repeat herself in identical forms in two different departments of her work, the one being healthy fibrin under decay, and the other disease-producing germs." Hence, as I was certainly dealing with fibrin, Dr. Koch must also have been dealing with the same in the identical forms which he found.

But it may be asked: Where did the fibrin come from to furnish the forms of it that Koch found in water tanks and in the evacuations of cholera patients, if those forms were fibrin? Nothing is easier to answer. All vegetable matter as well as all animal matter contains fibrin. All insect life is especially full of it, and so do all the minute plants, mosses, etc., of stagnant water, contain

it. It is the matrix (or as we call it in cancers, the stroma) of all organic life. Then as the plants and insects of stagnant water are so short lived (the generations succeeding each other so rapidly, dying and going to decay) they furnish the broken fibrin in abundance, to be found as Koch found it therein. The characteristic cholera discharges are the serum of the blood, containing its full amount of fibrin; hence here the presence of fibrin is inevitable, and under the congestion of blood to the vessels of the small intestines, there to part with so much of its water and fibrin, the latter takes the forms described, under the effects that disease works upon it. It seems to me that no one who carefully investigates all the points, with these facts in view, will be able to successfully dispute the positions here taken.

In conclusion, it may not be out of place to consider the results of the prevailing method of treating cholera in the present epidemic in Europe. Precisely the same ratio of deaths to the number attacked occurs now that did when it first appeared there over fifty years ago. The pretended discovery of its germs has not made the slightest difference in the results of treatment, as we have seen by the foregoing it could not. Our consul at Marseilles reports that "notwithstanding all progress in medical science and the very perfect arrangements for collecting and treating the victims of the scourge, more than two-thirds of those attacked have died, even during the first fortnight of the epidemic, when all sanitary conditions were most favorable. These two facts, the almost immediate transmission of the disease from Toulon to Marseilles, and the enormous death rate of seventy per cent in the earliest stage of the epidemic, seem to prove that sanitary science and medical skill have made but little substantial progress in dealing with Asiatic cholera." In short, whatever may be said of sanitary science in other fields, allopathic medical skill as applied in the present epidemic in Europe has not made the slightest progress since the first appearance of cholera in Orenburg, Russia, in 1823. What a comment on the boasted progress of old school medicine! There must be, and as Homœopathsists, we know there

is, a better way.—*Medical Advance.*

THE RIGID OS.—By Prof. Phoebe J. B. Waite, M. D., New York.—"Rigidity of the os uteri," says Cazeau, "is far less common than spasm of the cervix, from which it differs materially. It is a passive resistance which the neck opposes to the process of dilatation." "The tissue of the neck seems dense like a piece of leather soaked in grease." Against this, the contractions strive in vain, until the patient is exhausted with her fruitless efforts. According to Dewees, this condition is particularly apt to be met with in very young girls or in middle-aged women in their first labor, also in premature labors. Madame La Chapelle speaks of *pains in the loins* as being diagnostic of a rigid external orifice, "either from its experiencing a kind of cramp, or in consequence of its firmness." This sounds as though she made the two conditions identical. The treatment as laid down by Cazeau, is first, hot baths, and bleeding, or, this failing, second, *patience*, unless labor be so extremely prolonged as to endanger the life of the mother, when third, lateral incisions should be made. Guernsey speaks of a rigid os as "offering a formidable bar to the progress of labor," and says, "it usually depends upon some functional derangement inducing a spasmodic action, though it may be due to organic lesions of the cervical tissues, in which case incisions will probably be required; otherwise the properly selected homœopathic remedy will be sufficient to furnish certain relief, and a happy termination to labor is the reward." This, in our judgment, is making no distinction between the spasmodic and nonspasmodic condition, and so leaves those who are seeking for light somewhat in the fog. Playfair refers to a rigid cervix "as one of the most frequent causes of delay in the first stages of labor," which he states "may depend upon a variety of causes," notably "premature escape of the liquor amnii, leaving the presenting part to press upon the cervix, which throws the latter into a state of spasmodic contraction; or, second, highly nervous and emotional temperament, which renders the patient so peculiarly sensitive to her suffering that the harmonious action of the fibres of the body and neck are interfered

with." In some cases, says this author, "the edges of the os are thin and tightly stretched over the head, while in stout, plethoric women the edges are thick and tough." His treatment differs but little from that laid down by Cazeau, except that he advocates "repeated doses of chloral, fifteen grains each," which, he tells us, acts with magical effect; also chloroform, although its effects are less satisfactory.

Lusk informs us that "abnormal rigidity of the os externum is encountered in multiparæ as the result of genuine cicatricial processes, or a *fibrous hypertrophy*; a similar rigidity in aged primiparæ is due to atrophic degenerative changes in the cervical tissues." He also states that "the main factor in producing softening of the cervix uteri is an active hyperæmia which the cervix shares in common with all the pelvic organs during pregnancy, and which is greatly enhanced during labor." This last author has, in a few words, thrown more light upon the rationale of a rigid os than all the other authors cited. In my own experience rigid os has not been confined to primiparous women, neither do I recall a case occurring in a stout, plethoric woman.

CASE I. The first case which I cite came under my observation in my early practice, and was treated chiefly à la Cazeau, Playfair, and other high authority, with the simple remedy—*patience*—and was, I may add, in all respects satisfactory. Mrs. B., an American woman, thirty-six years of age, mother of four children, called to engage me to attend her in her approaching confinement, giving as her reason for wanting me that she had been attended by a woman in her previous confinements in the West, and no man, she said, would have the patience to attend her, as her labors were always so long. This negative compliment to my sex settled the point, and I promised my services. I was first called to the case on Sunday about noon. Found the patient having regular pains, and examination revealed the os hard, with no signs of dilatation. Prescribed a remedy, and awaited results. Three hours later my call was repeated, only to find the same condition, and so on for an entire week, at the end of which time the os dilated perfectly within the space of less than an

hour, the second stage terminating in fifteen or twenty minutes. This, the patient informed me, had been her experience in each of her former labors, and I naturally conclude that the same cause had previously existed. During the week of her labor I gave remedies as they appeared indicated, chamomilla giving the most satisfaction by reason of her peculiarly irritable condition; but the patient's strength remaining good, no resort was had to operative measures, and she made an excellent recovery.

CASE II. Was as miserable and starved looking a little specimen of a woman as ever became a mother. The mystery in her case was, how any fibre in her body could possibly become rigid. I was first called to her case in consultation, after labor had been established twenty-four hours. Found her pains regular and hard, but no impression whatever made upon the os, which was thick, and as Cazeau describes it, "leathery." I gave my best advice and left, feeling that I had probably opened a door to speedy relief both to patient and attendant, but forty-eight hours later I was again sent for to come and deliver the patient, as her strength was fast giving out. Examination showed no change in the condition of the os since my previous call, but both the strength and courage of the woman were giving out, so an anæsthetic was administered, and after forcible dilatation I delivered her of a female child; both mother and child doing very nicely in recovery. In this case various cerates and infusions, also hot water enemata had been tried without result.

CASE III. Five or six years later this same woman called at my office, and after making herself known, explained that she was again pregnant, and wished me to attend her in confinement. Knowing what was likely to be expected, I invited another doctor to assist me in case of need, and when called carried anæsthetics and instruments with me. As was anticipated, though labor had set in some hours before, there was no sign of dilatation, and the os had a tough, doughy feeling which promised anything but speedy delivery. After waiting an hour to ascertain the character of the pains and note progress, if any, I left her upon a remedy, promising to call again in twelve hours, if not sent for before that time. In about ten hours

I was, however, recalled, and summoning my promised help I went, only to find more severe pains, but not a particle of progress, the os being thick and small. There seemed no wisdom in further delay, so after procuring complete anæsthesia, I proceeded to forcibly dilate, and delivered her of a well developed male child. This time the uterus behaved in a most uncanny manner, refusing to contract, so that the most vigorous methods were resorted to for nearly two hours to prevent fatal hemorrhage. The woman made an unexpectedly good recovery, notwithstanding that in spite of our best efforts she became almost exsanguinated. These wholly contradictory conditions following each other so closely in the same patient constitute a problem which is difficult to solve.

CASE IV. A pregnant young girl, but fourteen years of age, was brought to our hospital in Fifty-fourth street by an out of town physician. Nothing special occurred in the case until labor set in, when, through days and nights, the poor sinned against child endured her suffering in a manner that would have excited pity in a heart of stone. I was first called to the case on Friday afternoon, when labor had been established for twelve or fourteen hours, but no progress being apparent, and feeling that at her undeveloped age a longer time would be required than in more mature years, I advised plentiful nourishment and such remedy as seemed indicated, which régime was continued until Sunday morning, when I was again called to the case. Examination revealed the os as rigid and undilated as it had been thirty-six hours before. The child's strength was waning, and for hours she had refused food, so there was nothing left but to anæsthetize and deliver, which I did with the assistance of the house physician and one or two others who were present. It is difficult to understand how any tissue in an undeveloped child could be so tense and apparently dense as the os uteri exhibited in this case, requiring all my strength to overcome. Her pelvis had not yet assumed the form of adult life, but was still in the cylindrical girlish shape, so that the fetus was entirely disengaged above the superior strait, and delivery produced laceration of

the perineum through to the sphincter ani, yet she made an excellent recovery; but for the stitches in the perineum she would undoubtedly have been out of bed at the end of nine days. Dewees's statement that the rigid os is a condition common to very young girls, may or may not be the rule, as I do not find it formulated by other authors, and this is the only child mother who has ever passed under my hands.

CASE V. A thin, spare woman, fair complexion and blue eyes, in her early thirties, ostensibly married and primiparous, though the parts clearly revealed former pregnancies, was taken in labor at our hospital sometime during the night. I first saw the case about ten o'clock in the morning when the os had the feeling of a ridge of gutta serena about as thick as my index finger, except at one point, where there was a transverse band of hard tissue apparently cicatricial. No progress was made in the case, though the pains were regular and strong, and the house physician was untiring in her endeavors, by the use of not only remedies internally but douches, injections, chloroform, and I know not what, until two o'clock in the afternoon, when expulsive pains set in, and before I reached the hospital, although I was sent for immediately and went without delay, the os was pressed down so that it presented at the vulva, and with the next pain the entire os was torn clear off as cleanly and smoothly as if cut with a knife, only hanging by the band of cicatricial tissue before mentioned, and with this the child was delivered. Strange as it may seem, no unpleasant symptoms supervened. Upon the second day after delivery I severed the torn os from its remaining attachment, which I found as hard as leather, and left the patient to a speedy and satisfactory recovery. This woman positively denied any former interference, but I was equally positive in my own mind that the cicatricial band was produced by an attempt to procure an abortion either during this or some other pregnancy. In reciting these cases, they have been selected from quite a number, not as being wholly unique, but as specimens of a class which every practitioner in obstetrics will occasionally meet, but in comparing my limited experience with the mature deductions of authors cited I would remark that I

have not found a rigid os especially confined to middle-aged women in their first labor, or to premature labor, my experience with it having been almost wholly confined to multiparous women who have seemed to repeat the condition at each delivery. Neither have I observed the pain in the loins especially in these cases, as laid down by La Chapelle. I do not recollect to have met it once in a stout plethoric woman, which seems to justify Playfair's assertion that highly nervous and emotional temperaments are more liable to this complication. The last case cited was undoubtedly due to the lesion of the cervix as referred to by Guernsey. In my mind Lusk has correctly formulated it, when he refers to this condition as common to *multiparæ*, and as being due to cicatricial changes and fibrous hypertrophy of the os externum from repeated deliveries.—*Amer. Hom.*

IDENTITY, SIMILARITY AND DISSIMILARITY.

—By Eldridge C. Price, M. D., Baltimore, Md.—Mr. Herbert Spencer, in his essay on "The Genesis of Science," says: "And here it becomes manifest that not only is classification carried on by grouping together in the mind things that are *like*, but that classes and sub-classes are formed and arranged according to the *degrees of unlikeness*. Things widely contrasted are alone distinguished in the lower stages of mental evolution, as may be any day observed in an infant. And gradually, as the powers of discrimination increase, the widely contrasted cases, at first distinguished, come to be each divided into sub-classes, differing from each other less than the classes differ; and these sub-classes are again divided after the same manner. By the continuance of which process things are gradually arranged into groups, the members of which are less and less *unlike*; ending, finally, in groups whose members differ only as individuals, and not specifically. And thus there tends ultimately to arise the notion of *complete likeness*. For, manifestly, it is impossible that the groups should continue to be subdivided in virtue of smaller and smaller differences, without there being a simultaneous approximation to the notion of *no difference*."

And again: "While the notion of likeness of things ultimately evolves the idea

of simple equality, the notion of likeness of relations evolves the idea of equality of relations, of which the one is the concrete germ of exact science, while the other is its abstract germ."

Things practically similar to each other are practically equal, without being identical. Two things may be practically alike, but not actually; apparently alike, really unlike.

Identity is simply an apparent condition, but analysis proves it an impossibility. We assume that two things may be equal, i. e., either may act equally well in a given environment; and from the performance of the functions of either practically the same result may follow. To illustrate: Two coins of the same denomination are interchangeable and so nearly alike that they are practically identical, and yet the microscope shows minute unlikeness.

Furthermore, for two things to be identical, they must bear the same relation to the same environment. But this is impossible, because two bodies cannot occupy the same place at the same time.

This very unlikeness, this persistent dissimilarity, which is fatal to identity, paradoxical as it may seem, becomes the dissimilarity upon which homœopathy is based.

Homœopathy — the so-called law of similars — depends equally upon the dissimilarity and the similarity of two conditions. Two things bearing so close a resemblance as to endanger the confusion of their identity are said to be similar, and yet the very fact that they maintain an individuality, the fact of the impossibility of identity, proves them *dissimilar*. The resemblance between two objects is consequently a similarity of degree; the likeness is merely relative. Complete similarity, we see, is necessarily impossible, because, obviously, complete similarity would be identity. Two objects bear sufficient resemblance to be called similar, until the degree of likeness becomes so slight that they are said to be dissimilar. Dissimilarity is thus also dependent upon degree.

As mentioned, even strikingly similar objects are more or less dissimilar, and this dissimilarity becomes more and more marked until the dissimilar objects are said to be diametrically opposed to each other, that is, one possesses precisely

the opposite qualities and conditions of the other. Qualities and conditions, we must remember, are of necessity positive attributes. Now, as one thing can exist that lacks all the qualities and conditions of another, complete dissimilarity is an impossibility.

Scientifically, therefore, identity, similarity and dissimilarity are impossibilities. This means that isopathy, homœopathy and antipathy, though apparently possible, are scientifically impossible.

Were there but one degree of similarity—this implies one degree of dissimilarity, as a consequence—the problem would be easily solved (in fact, the very problem of existence itself would be so simplified as to make life not worth the living). But it is just the degree and shades of degree of similarity that make the labyrinthine mystery of this great problem of homœopathy.

The question, how nearly alike a given pathogeny and a given pathological condition must be to be homœopathic, can only be answered in some of the opening sentences of these remarks: "We assume that two things may be equal, *i. e.*, either may act equally well in a given environment; and from the performance of the functions of either, practically the same result may follow." That is to say that any two causes and any two effects are, respectively, only apparently similar, not actually, and the more closely the results apparently resemble, the better the illustration of homœopathy; or, having ascertained the similarity of the effects of a given drug to a given disease, the surer are we of producing the drug similitude of the disease when prescribing the drug; but even of this we are not certain, because man, the most important factor in the problem, is an unknown quantity. Not only can we not apply homœopathy scientifically in the abstract, but with our ignorance of man, with his unknown organic and functional disturbances—not forgetting, also, that no two individuals are identical—it is impossible to apply it, with *a priori* certainty, in a single case. Teachers of homœopathy say the system is a branch of science, the science of therapeutics. But this cannot be demonstrated, and until the claim can be practically demonstrated as clearly as any other fact in science,

we cannot call homœopathy a branch of science. Strict homœopathic sectaries will tell us that we do the cause harm, that it is foolish to talk of demonstrating things that have long ago been proven to the satisfaction of many great minds. No doubt great minds have been satisfied on this subject, but drugs have always been uncertain in their action, and still continue uncertain in their action.

While things are conditioned, and are relative, homœopathy will remain an art; when man is a known quantity, and similarity has but one degree, homœopathy will be a branch of science, the science of therapeutics.

From the above remarks the casual reader will probably doubt my belief in the principle of similars, but I wish to create no such impression. I believe in practicing medicine as nearly in accordance with the *apparent* similarity of pathogenetic and pathological relations as is possible; I believe that the apparent resemblance of drug effects and diseased conditions, is the best therapeutic guide known to the medical world, and that better results are obtainable and obtained by the application of so-called homœopathy, than by the use of any other asserted system of therapeutics. And more, I believe no better system will ever be discovered, though I acknowledge that such a thing *may* occur, although at present science discourages any such belief.

Finally, I believe that an endeavor to prove homœopathy scientific will retard the cause of truth far more than the honest acceptance and acknowledgment of the fact that it is not a science but an art.—*N. Y. Med. Times.*

PERISCOPE.

ADULTERATED FLOUR.—Where are the people to receive pure nourishment? Is it in the flour-barrel? No! The murderous speculators have attacked the very staff of life, and are to-day hoarding wealth upon the skeletons of the nation. And the practice is not of recent introduction.

In an interview with an old Beaver County miller, he gave your correspondent a few facts that may prove interesting to many. He stated that what to-day is considered the best brands of flour by unsuspecting bakers are the most dangerous and deceptive—the

beautiful, fine white flour. Table etiquette is insulted by bread made of natural flour as it comes from the burrs. It must not possess the natural golden tint of the cereal. Society demands white bread.

The miller referred to, who is one of the most reliable business men in the county, stated that he had been offered \$15 for a receipt for adulterating flour, but had refused, which is sufficient evidence that the practice is universal.

SNOW WATER IMPURITIES.—Under the heading of "The Beautiful Snow," the *Microscope* points out the kind of organic impurities found in snow, which very conclusively shows the fallacy of the idea that melted snow forms a good substitute for distilled water. The impurities are as follows: Living infusoria and algæ, bacilli and micrococci, mites, diatoms, and great numbers of fungi spores; also fibres of wood, mouse hairs, pieces of butterfly wings, skin of larvæ of insects, cotton fibres, pieces of grass, epidermis, pollen grains, rye and potato flour, grains of quartz, minute pieces of roofing tile, and bits of iron and coal.—*Scientific American*.

A PHYSICIAN writes: "I have found the following to be very beneficial in the treatment of gonorrhœa, which I would like to give to any one who wants it, hoping it will be of some benefit to the medical fraternity."

Watch that man!

EPISTAXIS—NOVEL TREATMENT.—Dr. J. G. Brownlee, of Doniphan, Kansas, writes: Reading Dr. Thurston's method of treating epistaxis in your issue of 21st inst., calls to mind a case treated by myself some six months ago. I was called to see a woman (colored), æt. 28 years. Found her bleeding profusely from the nose; said she had lost three quarts of blood before my arrival; I tried different remedies without success. I then thought of using an ordinary condom in the same manner as we use the rubber bag in uterine hemorrhage. I sent immediately to the drug store and procured a condom and a syringe; I then took a Jacques' soft rubber catheter, placed it inside the condom, and introduced it up the nose till it passed the posterior nares. With the syringe I then injected the con-

dum with ice-water, removed the catheter, and tied the end of the condom to prevent the escape of the water. The hemorrhage was immediately arrested and the patient had no further trouble. By this simple method I claim that any physician can control any case of epistaxis without the use of Bellocq's canula, or any other device for plugging the posterior nares.—*Med. Record*.

SOME MEDICAL DELUSIONS.—A correspondent of the *Medical Record* declares the following to be delusions, and our contemporary, after a careful examination of them, declares in favor of its correspondent's views. We have numbered these delusions, so-called, and beg to take exception especially in the case of Nos. 1, 6, 13, 17, 20, and 25. We are of the belief that there are few of our readers of any considerable experience who will not agree with us in thus doing:—

1. It is a delusion that *Veratrum viride* or Aconite will abort croupous pneumonia or essentially modify its course; 2, that potas. chlorate is of any use in catarrhal angina; 3, that potassium nitrate is an anti-pyretic, anti-rheumatic or (to any appreciable extent) diuretic; 4, that lime-water will, in practice, dissolve a diphtheritic or croupous membrane; 5, that nitrate of silver is of any value in epilepsy; 6, that the excessive and continued use of iron induces plethora, with dizziness, flushings, and palpitations; 7, that iron should be given in phthisis; 8, that mercury is antiplastic and antiphlogistic; 9, that arsenic has any value in diabetes mellitus; 10, that potassium iodide promotes absorption of serous exudations and non-specific connective tissue in hyperplasie; 11, that sulphur and sulphur in baths is of any value in rheumatism; 12, that charcoal, when moist in the stomach and intestines, has any absorptive power, or is of any use in flatulence by virtue of that power; 13, that dilute acids are "cooling," i. e., lower temperature and lessen heart-action in non-febril; 14, that colchicum is of benefit in rheumatism; 15, that drinking sulphuric acid prevents chronic lead poisoning; 16, that iodoform given internally is anything but a poor substitute for potassium iodide; 17, that croton chloral has a specific effect on the fifth cranial nerve; 18, that tannic acid (or the plants con-

taining it) is of any value given internally for hemorrhages except perhaps those of the stomach and bowels, or, 19, that it is of value as a gargle in chronic pharyngitis, or, 20, that it is an astringent to mucous surface and blood-vessels; 21, that turpentine is a stimulant to the heart and nervous system; 22, that mush is a nerve or heart stimulant (it belongs with turpentine, to nerve depressants); 23, that ox-gall is of the slightest therapeutical utility at either end of the digestive tract; 24, that hydrocyanic acid in ordinary medicinal doses is either a local or general sedative (it is rather an irritant); 25, that quinine in either small or large doses is a stomach tonic, except in convalescence from malarial attacks; 26, that hydriodic acid has any specific effects other than those possessed by the iodides.—*Medical Age*.

EFFECTS OF BICYCLE RIDING.—Cycling it doubtless a very healthy and pleasant mode of exercise when used in moderation, but now that tens of thousands of our boys ride bicycles daily, and "get up records" of thousands of miles in the year, it may not be out of place to point out some alarming evils which are likely to arise from this abuse of an otherwise healthy pastime. Some time ago it was pointed out that obscure nervous complaints would probably be developed by the continual jarring—the succession of shocks conveyed to the spinal column in bicycle riding; and this, I believe, has proved correct in many instances, notwithstanding "Arab springs" and "rubber cushioned" machines. But it is to something much more serious than this that I would now call attention; it is to the amount of pressure brought to bear upon the perineum in growing boys, affecting directly the prostate, the muscles of the bulb, &c., and indirectly the whole generative system.

We all know that among the Tartars horse-riding causes complete impotence in many of their strongest and most daring men, with wasting of the testes, dropping of the beard, and change in the pitch of the voice; and we also know that the introduction of the horse into the western world had quite as much, or more, to do with the extermination of the red man than had the almost simultaneous introduction of the

European. In a southern tribe of Indians—that is, a horse-riding tribe—it is a marvel to find a squaw with more than two or three children, though they—both men and women—marry young. Impotence is said to be common amongst them at thirty. The "disease of the Scythians" and the causes are sufficiently notorious.

If, then, these sad results are the outcome of immoderate equitation where there are an extensive seat and a stable foot-rest, and where the adductor muscles of the thighs are used, what are we to look for, where our boys of ten and upwards spend the greater part of their own time riding bicycles, and get over thousands of miles in the year, perched upon a saddle no bigger than the hand which conveys every jolt of the machine to the body; where the jolts are ten times more numerous than those experienced by the equestrian, and occurring without any approach to rhythm, are conveyed unexpectedly to the person?

Some time ago Dr. B. W. Richardson when advocating cycling as a healthy exercise, said, if I remember rightly, "that what made cycling so healthy an exercise was, that in it you enjoyed all the muscular motion experienced in walking, with this advantage, that the bodily weight was taken off the feet and legs." This, of course, would be an advantage if the bodily weight were better bestowed than it naturally is upon the feet; but as it is on the bicycle, the transference of weight from the feet to the perineum cannot but be for the worse.

It must be understood that what is said in this article applies particularly to growing boys who generally straddle the largest machine their length of leg permit, and so greatly increase the liability to perineal pressure. What cycling will do towards the advance of those prostratic affections which so often render the closing years of life miserable, time alone will tell.—*London Lancet*.

A CASE of fracture of the penis in a young and healthy man, with complete recovery, is reported by Dr. Veazie in the New Orleans *Med. and Surg. Jour.*

THE OFFICIAL PROOF OF THE DANGERS OF VACCINATION.—By H. D. Dudgeon,

M. D.—The possibility of conveying dreaded forms of disease in the vaccine operation has long been disputed. It has repeatedly been enthusiastically denied, and often with hot anger; but the question has at length received its solution, and once more the anti-vaccine allegations have been shown to be accurate and well-grounded. Within the last few years Dr. Cory, of the Local Government Board, has made experiments by vaccinating himself with lymph from infants who were obviously affected with syphilitic disease at the time the vaccine was taken from them. In the fourth of these experiments we are informed that he acquired syphilis. A committee of four eminent pathologists was appointed to inquire into the particulars, and their report has just been published by the Local Government Board. In this report the committee say: "Dr. Cory stated to us that the object he had in view, in instituting these experiments upon his own person, was to test a current belief that vaccine lymph taken from a syphilitic person, if unmixed with the blood of the vaccinier (the person vaccinated from), does not contain the syphilitic virus, and is incapable of imparting syphilis by its inoculation." The committee observed that Dr. Cory "acquired syphilis at his last experiment;" and in the course of this report they make the following far-reaching and decisive statement:—"It is conclusively proved by Dr. Cory's experiments that it is possible for syphilis to be communicated in vaccination, from a vaccine vesicle on a syphilitic person, notwithstanding that the operation be performed with the utmost care to avoid the admixture with blood." These experiments suggest conclusions of extreme importance. The pretence that vaccine lymph is incapable of conveying any disease but the original cowpox can no longer be maintained; and the possibility, now admitted, of the conveyance of other disease in vaccination cannot be limited to one complaint only. Dr. Buchanan, indeed, observes that the profession has laid down the rule not to use the lymph of an unhealthy person, whatever the nature of the ill-health, for the vaccination of others. But this merely shows that the profession foreshadowed danger. Medical science is far from being sufficiently advanced to enable

doctors to guarantee that an infant is free from taint; and on such points it is by no means an invariable rule to put vaccinating households to the "question" or the "rack." Actually we find professional writers openly saying (in reference to the cholera, for instance) that even the most healthy are liable to have infectious diseases incubating within them before medical science can detect their presence. It is much to be desired that Government, instead of accepting professional theories blindfold, would boldly and openly adopt the only scientific protection against epidemic disease, and in face of the general ignorance of official Europe hold high the banner of municipal and personal cleanliness—a theory whose soundness is abundantly testified by the cholera, which springs up in endless renewal amid the inconceivable filth of Egyptian cities, in the discolored fluids of the Hindoo tank, and in the neglected stench of the fetid ports of the tideless Mediterranean. There is not an epidemic disease in nature which cleanliness cannot reduce to inactivity; nor is there one which a state of unlimited filth, with its adjuncts of personal neglect and polluted water supply, cannot endow with the resurrection of all its latent power.

COFFEE made with distilled water is said to possess delicacy of taste, improved aroma, and, in short, is more agreeable and acceptable in every way, possibly because the distilled water does not take up any of the tannin from the berries, which ordinarily is rendered soluble by the earthy carbonates.

THE treatment of cholera by placing ice bags to the spine has proved successful in Paris.

It appears now that to Dr. Samuel R. Percy, of New York, should be given the honor of the discovery of Cocaine, or as he called it, "Erythroxyline." He writes to the *Medical Record* of November 15th as follows: "On November 4, 1857, I read before the New York Academy of Medicine an exhaustive paper upon the leaf of the plant *erythroxylon coca*, and stated that I was busy in its chemical investigation. On December 2, 1857, I exhibited before the New York Academy

of Medicine one scruple of alkaloid of the leaves to which I gave the name erythroxyline. At the same time I left with the librarian of the Academy this scruple of erythroxyline, a quantity of fluid extract and some solid extract, and also a fine sample of leaves. I read before the Academy the method of preparing the alkaloid and a number of physiological experiments upon dogs. I then stated that the hydrochlorate of erythroxyline had a peculiar but not unpleasant benumbing and paralyzing effect upon the tongue, unlike that produced by aconitia and not so persistent. The librarian of the Academy has been unable to find the paper or alkaloid, but the fact of such a paper having been read, and such an exhibit having been shown, is recorded on the books of the Academy. I still hope to find the paper. Some three years after this, Niemann, in Germany, discovered the same alkaloid, and in his announcement called it 'cocaine.' Immediately upon this announcement I reiterated the priority of my discovery in Dr. Stephen Smith's *Medical Times*. I also personally saw Mr. George Wood, of Philadelphia, and he promised that in the next edition of the United States Dispensatory the subject should be fairly stated. He forgot it. The name cocaine is not a correct one, it is almost universally called cocoin, leading one to suppose that it is a product from the cocoa berry. With its correct name erythroxyline it cannot be mistaken. As an American, I claim the name given to it in America, and hope that every American surgeon will do the same."

The new word "microbe," which is nowadays in everybody's mouth, was the coinage of M. Charles Sedillot, of Strasbourg, who used it for the first time in a paper on the application of M. Pasteur's discoveries to surgery, read before the French Academy of Sciences in February, 1878. M. Sedillot suggested microbe (from *mikros*, small, and *bios*, life). In replying to him, M. Pasteur used the word twice, and the following day it was adopted by scientific men, and then by the general public.—*American Druggist*.

HYDROCELE IN WOMAN.—Prof. Hennig, of Leipsic, read a communication upon

this subject in the *Versammlung Deutsches Naturforscher und Aerzte*, in which he systematically considers the anatomy, etiology, clinical varieties, diagnosis, and treatment of this rare affection. He had found in medical literature forty-one cases, two of which had been under his care. Often the effusion in the canal of Nuck is complicated by protrusion of some of the viscera, which possibility must be taken into consideration. In some cases simple puncture, in others injection of iodine, was sufficient to obtain complete occlusion of the sac. Excision of part of the sac and packing the cavity with charpie, and in one case the ligatures (of iron wire), were also successful.—*Med. Times*.

OAKUM AS A SURGICAL DRESSING.—By Robert Leslie, M. D., Belfast (*British Medical Journal*).—Oakum is made from old ship's rigging which has been soaked in tar, and then reduced to its original state of flax or hemp.

During the American war oakum was extensively employed in the field hospital as a surgical dressing.

Eight years ago I commenced to use this dressing in the Children's Hospital. Since that time oakum has been in use in all the hospitals of Belfast, and by some is now considered indispensable. I have been using oakum for burns, erysipelas, ulcers, abscesses, and many vaginal displacements; and I think it the best ready-made dressing we possess. One of its advantages is that it keeps down offensive odors. The serum from a wound is drained as it is discharged, and pleasant tarry smell is a great contrast to the offensive odor common in connection with lint.

In amputation it forms a soft and comfortable pad for the stump, and is a good vehicle for the application of antiseptics. In the treatment of abscesses it takes the place of a poultice by dipping it in warm water and covering with waterproof tissue. Its application, after opening an abscess, permits the easy escape of pus, and is conducive to quick healing. In erysipelas I envelop the affected part in oakum, and with such good result that I do not seek another agent.

As a dressing for burns and scalds I look upon oakum as invaluable. It may generally be applied to the granulating

surfaces with impunity, and is more easily detached than almost any other dressing. I thus account for the fact: when a fibre of dry cotton is placed beside a fibre of linen under the microscope, you perceive that the cotton is round and smooth while the linen is sharp and angular but on the application of water the case is different. The cotton fibre is found to twist in a spiral manner, while the linen fibre remains unmoved. It is a popular theory that cotton does not form so good a dressing as linen, and this hygroscopic difference may account to a great extent for their difference in behavior when applied to moist surfaces, and the ease in removing linen.

In uterine and vaginal affections oakum can be turned to good account. The healthy effect of this tarry substance applied to the mucous membrane of the vagina is most remarkable. A tonic effect is produced, and the unhealthy discharge is absorbed. In prolapse and other displacements of the uterus when it is difficult or impossible to get pessaries to relieve, you can secure twenty-four hours' respite to your woman by filling the vagina with oakum, and by dipping the first plug in glycerine you gain immensely in cases of subinvolution from the quantity of fluid extracted.

To sum up: oakum is a handy, healthy, and cheap dressing. It is easy to apply, and I think it is antiseptic in the sense of forming a barrier to the ingress of germs to the part to which it is applied. Tar is itself a wholesome agent, a substance of complex composition. It contains creasote, turpentine, paraffin and eupione, and is obtained by the destructive distillation of *pinus solvestris*. Carbolic acid has largely taken the place of the cruder compound, but Dr. Whitla says the virtues possessed by tar are not equally enjoyed by its more fashionable rivals. In oakum we have a form of tar dressing which I recommend to those engaged in hospital work.

ASCLEPIAS INCARNATA.—Dr. J. Hosack Fraser, after three months' clinical trial of the American diuretic drug, *Asclepias incarnata*, or white Indian hemp, thus summarizes its physiological actions:

1. *On the Circulatory System.*—It stimulates the cardiac contractions and

increases the blood-pressure. For two hours after the administration of forty minims of the liquid extract, there is an increase in the strength and volume of the pulse. It steadies the cardiac contractions, and assists in restoring the rhythm of the pulse when any irregularity exists. The stage of stimulation is sometimes followed by slight depression of the circulation, and, in order to maintain its stimulating effects, it should be repeated at intervals of three hours.

2. *On the Urinary System.*—It is a speedy, potent, and reliable diuretic. He has found it to succeed admirably in cases where the best known diuretics had entirely and signally failed. It is invaluable in all forms of dropsy, but especially so in dropsy of cardiac and renal origin. He believes that it acts on the kidneys in precisely the same manner as digitalis. One great advantage which it possesses is that it does not cause any gastro-intestinal disturbance; on the contrary, it frequently acts as a stomachic tonic.

The root is the part used in medicine, and is said to possess all the medicinal properties of the plant. It may be administered in the form either of an infusion or of a fluid extract. The latter preparation should be given in ℥ss. to ℥i doses every three hours. Smaller doses are useless.—*Phila. Med. Times.*

INTESTINAL OBSTRUCTION FROM CHARCOAL.—A patient who was lately under my care, suffering from chronic obstruction in the intestinal canal, probably in the descending colon, took, on his own account, freely of charcoal powder, often a drachm a day, to relieve flatulency. The result was an all but fatal obstruction. Fortunately, under the use of enemata, coupled with persistent but gentle abdominal friction, relief was obtained, although stercoraceous vomiting once occurred. The excretions causing the obstruction were coated with carbon, and portions of carbon also passed in the free state. This is the second case in my practice in which charcoal powder has caused intestinal obstruction.—*Asclepiad.*

TO CURE AN ABSCESS without a cicatrix, Dr. Quinlan uses a silver wire passed through the abscess, before it has reached the skin, and retained there. It acts as

a drain, he says, and has never failed in his hands.—*Med. and Surg. Reporter.*

THE University of Heidelberg will soon celebrate its five hundredth anniversary. The government has voted a large sum to help pay expenses.

OVARIOTOMY AT THREE MONTHS OF AGE.—A child three months old was noticed to have a swelling in the inguinal region. Six days after the swelling had been first noticed, it was operated upon, and found to be the ovary and Fallopian tube; both were removed. In sixteen days the child left the hospital, the wound having healed by first intention.—Chiene in the *Edinburgh Med. Journal.*

SEROUS DIARRHEA.—Following the example of Dr. W. Kilner, (*St. Thomas Hospital Reports*, 1879), Dr. Alexander Hutchings, of Brooklyn, has made trial of calcium salicylate in the watery fluxes of children. He treated twenty-seven cases with the drug only. In every case the disease was promptly and permanently controlled. He gave from two to five grains every two hours or more to children ranging from two months to two and a half years of age. He also states that with a little prepared chalk, vomiting is as easily checked as with bismuth, etc.—*Louv. Med. News.*

FAILURES WITH COCAINE.—Dr. F. C. Riley, of New York, makes a report of two cases in ophthalmic practice which demonstrate that the much lauded new remedy is not always as reliable as might be wished.

CASE I.—Granular lids with intense pannus occurring in a girl of ten years. The photophobia in this case was so marked that, upon facing the patient toward the window in an ordinarily well-lighted room, the eyeball rolled upward and inward to such a degree as to completely hide the whole corneal expanse from view, unless the superior palpebral covering was lifted.

Two drops of a two per cent. solution of Merck's cocaine was instilled, at intervals of ten minutes, for a period of half an hour, or three instillations in all, with no perceptible effect either as regarded diminution of sensibility to light or touch. Neither was there any appreciable effect produced upon the size

of the pupil, nor did the drug affect the circulation so far as it was possible to observe it.

Three days subsequent to the preceding trial, I determined upon operating to relieve the pannus, and again tried the same solution, instilling four drops every five minutes for a period of three-quarters of an hour, or in all nine instillations. Careful efforts to touch the conjunctiva or cornea at any part thereof, between each instillation, failed to elicit the slightest evidence of anything even approximating a condition of anæsthesia. Feeling that a fair trial had been given the drug in this case, I proceeded to the use of ether and performed syndectomy.

CASE II.—A lad about twelve years of age, who had a perforating ulcer of the cornea about six months since, with prolapsus of iris into the perforation, etc. Cornea almost completely cloudy or pearly. To the outer and upper segment yet remained a small spot of transparent tissue, at which point I deemed it advisable to perform an iridectomy in order to free the entrapped iris, which seemed to produce a constant irritability of the eye. Vision-perception of light only. Using the same solution of cocaine as in the former case, four drops every ten minutes for forty minutes, with absolutely no effect of any kind, either to cornea or conjunctiva, led me to the opinion that the solution was not what it should be. Subsequent results with the same solution have, however, dispelled my suspicion as to the sample used, as I have since obtained all the physiological effects so far noted by other observers. The two cases recorded, however, seem to me to prove beyond the suspicion of a doubt that there are certain conditions, pathological may be, or individual idiosyncracies, possibly both, that tend to militate against the verdict so generally expressed thus far in favor of the anæsthetic effects of the drug. It seems to me that in the use of this substance, the cases of failure to obtain the desired end should be placed before your readers as well as the brilliant results obtained by so many of us. That it has been a great blessing to many during its short career there is no doubt, and that it will continue to prevent the attendant pain of many operations in the future I am confident. Even if it gives as universal satisfaction in time to

come as it has in my hands thus far, it is indeed a friend to the suffering and distressed.—*Med. Record.*

THE MOTOR POWER OF THE HUMAN BODY.—Dr. Marcy, of Paris, read a paper on this subject at the International College of Hygiene, in which he described the ingenious manner in which he had succeeded in measuring the motive power of the human body in its every movement. Planks, with India rubber coils underneath, recorded, by expelling the air they contained, the exact pressure of the foot. The motions were measured, and photographs, taken in one-thousandth of a second, recorded every attitude during a leap, and where and when the effort was greatest. By such studies, M. Marcy had been able to prove that something was gained in the power of walking in quickening the step from forty to seventy-five steps per minute. But the latter figure was the extreme limit; with a greater number of steps power would only be lost instead of gained.

AN OBSERVATION REGARDING MENSTRUATION IN ANIMALS.—Dr. S. A. Evans, of Conway, N. H., writes: "For several years past I have kept a non-pregnant cow, for the purpose of supplying my family with milk. Have kept a record of periods of heat. Find they recur once in twenty-one days. Are accompanied, first, by a discharge of gelatinous material from vulva, which, after some hours, becomes slightly tinged with blood. The color becomes gradually more pronounced, until within twenty-four hours it appears to be pure blood. Periods last about forty-eight hours. At these periods only can the cow become impregnated, which would seem to show that in her case ovulation and menstruation are simultaneous. These observations have extended through three winters, and in two different animals."—*Medical Record.*

DISINFECTION BY THE FUMES OF SULPHIDE OF CARBON.—The combustion of this fluid being accompanied by the formation of considerable quantities of sulphurous and carbonic acids, M. P. Vigier has recently recommended its use for the disinfection of rooms and hospitals. Two or three litres of sul-

phide of carbon were placed in an earthenware jug and ignited. The room is then closed as hermetically as possible, and soon becomes filled by the fumes, which in all probability possess powerful germicide properties. Exact experiments have, however, not yet been made.—*London Med. Record.*

SOME CASES IN PRACTICE.—By Dr. de Latour, New York City.—Case I. J. P. *æt* 21, had been under treatment six days for erysipelas of the pharynx when I took the case. I found his mouth and pharynx much inflamed, lips swollen and purple, deglutition difficult, and temperature 102°. I prescribed glycophenic acid 3iv., water one pint, gargle every hour; internally, I administered one tablespoonful of Dr. Déclat's syrup of ammonia phenate every three hours. The patient began to improve rapidly, and in three days was discharged cured.

Case II. B. S., *æt* 27 years, had been suffering some time from a tape-worm. He had been treated with kousso and other remedies without success. I gave Déclat's cod liver oil, one teaspoonful every three hours during six days. I then ordered an injection of glycophenic acid, two drams to eight ounces of water, every three hours, and internally one teaspoonful of syrup of sulphophenic acid every hour. After the third injection, I had possession of the *tenia*, which measured, head and all, eighteen yards.

THE SURGICAL NAIL.—M. Motais, of Angers, presented to the French Association for the Advancement of Science a small instrument having the form of a finger nail, and intended to cover the end of the finger and the nail. M. Motais has used it in removing axillary ganglia in cases of carcinoma of the breast; it may also be used instead of the rasp in operations on the peristœum, and for removing polypi from the uterus. It is shorter than the similar instrument used by Amussat, coming only to the extremity of the finger.—*Revue Med. Franc. et Etrang.*

The New York State Board of Health is about to undertake an investigation as to when a patient convalescent from an infectious disease ceases to be capable of conveying the contagion.

COCAINE IN DENTISTRY.—In an article in the *Dental Cosmos* for December on the "Hydrochlorate of Cocaine," the new local anæsthetic, the author, Dr. Howe, speaks enthusiastically of his experience with it in filling teeth. The application of a few drops of a two-per-cent. solution upon cotton placed in the cavity of a tooth will reduce the sensitiveness of the dentine so as to permit cleaning and filling with practically no pain and but little discomfort.

PRURITUS.—The latest remedy for this troublesome affection, when seated in the anus or vulva is balsam of Peru. The *British Medical Journal* alludes to it as a new triumph in medicine.

REVIEWS OF NEW PUBLICATIONS, &c.

THE LAW OF SIMILARS THE SCIENTIFIC PRINCIPLE OF VACCINATION: HOMŒOPROPHYLAXIS. By J. Compton Burnett, M. D., London, 1884.

We have received a copy of this pamphlet with the compliments of the author. It first appeared as an article in the *Homœopathic World*. The work is well written and shows much original thought and research on the part of the writer.

DRUGS AND MEDICINES OF NORTH AMERICA.

The fourth number of this magnificent work, by J. U. & C. G. Lloyd, of Cincinnati, Ohio, has made its appearance. It contains the continuation of the able and exhaustive description of one of the most useful of our indigenous plants, *Hydrastis Canadensis*.

PSYCHO-PHYSIOLOGICAL CHART OF SARCOGNOMY. Price, \$1.00.

This is a wall-chart, 20x30 inches, handsomely mounted and varnished, and is intended to be hung on the walls of the physician's office, to serve as a convenient reference in the practical study of Sarcognomy. It will be found a useful addition to Dr. Buchanan's work on "Therapeutic Sarcognomy."

THE THERAPEUTIC GAZETTE.

This ably conducted publication, which is a recognized authority in the medical department of Pharmacology, will (commencing with its January, 1885, issue)

be edited by Horatio C. Wood, M. D., and Robert M. Smith, M. D., of Philadelphia. It is to be increased to 64 pages of reading matter. Subscription price, \$2.00 per annum.

THE AMERICAN HOMŒOPATHIC JOURNAL OF OBSTETRICS, GYNECOLOGY, AND PEDIATRICS.

A new periodical with the above title will make its appearance with the commencement of the new year. It will be published as an addition to the *Medical Advance*, of Ann Arbor, Mich., thus increasing the size of that journal to 80 pages monthly. The addition will be separately paged, so that it can be bound in a volume by itself at the expiration of the year. It will be under the editorial management of Phil Porter, M. D. The subscription price of the two journals will be \$3.00 a year.

MISCELLANY.

A NEW HYPODERMIC SYRINGE.—Our attention has been called to a new hypodermic syringe especially adapted for the use of tablets, which form of administering morphia and other drugs is coming rapidly into favor with the profession. The main objection to the use of tablets heretofore has been the inconvenience of dissolving and getting them into the instrument. This is entirely obviated with the new syringe, into which 10 or 15 minims of hot water is drawn, the tablet dropped into the syringe, the needle screwed on, and the injection made as soon as the tablet is completely dissolved. It can also be used in the same manner as the ordinary syringe. This is the invention of Dr. Hart, the well-known surgical instrument maker, of 158 East 26th St., New York City. It is put up in a neat case, with two needles, and four vials for tablets.

WHO IS RIGHT?—Bilroth, in a recent lecture, says water is the preventive of cholera. Koch, on the contrary, says that water aids in its propagation, and the microbe may be extinguished by desiccation.

In Vienna the illegitimate births are about 40 per cent.

ONE FOR THE DOCTOR. - A German comic paper lately had a picture of a pompous physician standing by the bedside of a patient who was wildly delirious. "Why," he demands loftily of the patient's wife, "did you delay sending for me until he was out of his mind?" "Ach! Herr Doctor!" she cries, "do you suppose while he was in his right mind he would ever have sent for you?"

A BUST of the late Dr. Sims has been unveiled in the hospital which he founded.

GOLD MEDAL AWARDS TO UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the only Gold Medal and highest Award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country. *London Lancet.*

BOUND COPIES OF THE ADVOCATE FOR 1884.—We have a few bound copies of Volume I. of the ADVOCATE which will be disposed of at \$2.50 a copy; bound in cloth. Sent by mail, postpaid, on receipt of price. Physicians who desire to secure the ADVOCATE for 1884 will do well to order immediately, as our supply is limited, and will soon become exhausted.

He appeared to have one foot in the grave and looked like a cadaver, as he painfully toiled up the office steps, and in a weak, thready voice, barely audible, said to the doctor: "*I want you to examine my lungs; this one,*" tapping his left lung, "*is about gone, but this one,*" tapping the right one, and straightening up, with a voice like a bull of Bashan, "THIS ONE IS SOUND AS A DOLLAR."

A CHINESE physician has been permitted to register in New York City to practice among his countrymen.

DOCTOR—"You see, wifey dear, I have pulled my patient through after all, a very critical case I can tell you." His

wife—"Yes, dear hubby; but then you are so very clever in your profession. Ah! if I had only known you five years earlier, I feel certain my first husband, Thomas, poor Thomas, would have been saved!"

THE *Medical and Surgical Reporter* gives currency to a statement that a young Pole, living in Warsaw, has offered himself in the interest of science to be experimented upon in reference to the cholera. "I am unmarried," he says, "I have no ties of any kind, and no plans for the future." His offer had better be taken.

A CHINESE doctor is practising with great success at Deadwood. Patients come from all surrounding towns, and their remains are often sent home to their weeping friends by express.

CARL JENSEN'S PEPSIN.—Of the several preparations of pepsin, none has proved more valuable, or given more satisfaction to the medical profession than Jensen's Chrystal Pepsin. Physicians desiring information as to the novel administrations of this agent may address the manufacturer (mentioning the ADVOCATE) at 2039 Green st., Phila., Pa.

CHARLES READE, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal and whine.

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No. 2.

The Corner Stone of Therapeutics

BY

C. E. TAYLOR, M. D., F. T. S.

ST. THOMAS, DANISH WEST INDIES

From the time that the primitive savage first sought to relieve himself from the aches and pains incidental to a nomadic life by the use of the simple roots and herbs with which Nature had surrounded him, the greater part of man's existence has been spent in a constant endeavor to cure the ills which flesh is heir to.

One would have thought that after ransacking the animal and vegetable and mineral kingdoms for remedies, and finding nothing absolutely definite upon which to build a Science of Therapeutics, he would have gladly welcomed a remedial agent like Animal Magnetism, and cheerfully discarded such heroic practice as within a few years was styled regular and *comme il faut*. And so he did, when a child of nature, and such things as phlebotomy and purging had not yet declared themselves the regular things to do; but as he grew more "learnedly ignorant," with that perversity, that dislike to innovation that has so long characterized him, when it clashes with his own selfish views, he ignored the venerable traditions of the past, and, wrapped up in self-conceit, has ceased to believe in a science he terms a delusion, but which is in a reality the corner stone of Therapeutics.

Medicus nascitur non fit, is just as applicable to the physician as *poeta nascitur* to the poet; for unless a man be largely endowed with those magnetic qualities that insure success from the commencement of a treatment, neither his medicines nor himself will have a salutary effect upon his patient, and no amount of medical apprenticeship or knowledge will neutralize the baneful effect of his presence should he prove antipathetic to the person he is treating. It is a well known fact that many of the leading physicians in France and Italy have adopted Magnetism into their method of practice. That is, they have

recognized both mineral and animal magnetism as powerful auxiliaries to their own systems, or, to speak more plainly, some of them have actually condescended to accept as true what public opinion and the evidence of their senses have compelled them. All honor to them even for this, but it has been only after a long struggle and at a great sacrifice of official pride, caused by the astounding cures effected by those who have made these branches an object of special study and attention, braving the ridicule of thousands in an earnest effort to assist humanity and vindicate Nature's laws, and, might we add, by placing her methods of cure in the hands of every one with sufficient intelligence to comprehend her.

Not that I mean by this to insinuate aught against the ability, as men of science in their own particular department, of those who have so far recognized the merits of Mineral or Animal Magnetism as to write learned articles upon these sciences and in learned societies discuss them, at the same time attributing the origin of their effects to every cause but the right one. But I sincerely wish, that, before they did so, they would learn the art they claim to know, in a practical manner, so that when they employ it on their patients they might do so with a thorough knowledge of its application to the cure of diseases; or, at least, take a few lessons from those who have devoted much time and study to the subject.

Let us take Mineral Magnetism, for example, which, simple as it may appear in theory, is extremely difficult in practice, and requires a knowledge and experience that few (even of the best doctors) possess; for, to use the words of the celebrated Dr. Tony Moilin, "Pour bien appliquer le Magnétisme il faut diagnostiquer les maladies avec une précision inconnue à la plupart des médecins." A word to the wise is sufficient, and I cite this great authority on medical electricity for the benefit of those sufferers who may fall into the hands of some inexperienced practitioner, who,

anxious to show that even he can keep pace with the times, may employ a small battery upon them, in utter ignorance of its use and with no small detriment to their health. Not but what we are glad that even this tribute of acknowledgment is paid to the forces in question, for, as a rule, the scientific acceptance of any new theory has always shown itself in a denial of its reality. And in most cases it is not until long after the "ignorant public," as the scientists are pleased to call them, have forced a new system upon them, that they condescend to notice it, and then, if it suits them to do so, they adopt it with the utmost complacency, and parade it before the world as a discovery of their own. Every one knows how the scientists ridiculed Dr. Wigan when he had the courage to reassert the doctrine that Gall had taught of the duality of the mind. And though this was approved of by Sir Henry Holland, was long after confirmed—~~partially~~ by Ferrier, and proclaimed boldly and positively and without reserve by Brown Sequard (held to be the foremost in his profession), there are yet scientists who look upon these truly great men as laboring under a species of "diluted insanity," or as having a natural proneness to gullibility, because they differ from them. But they laughed at Franklin when he claimed to have drawn down the electric spark from the heavens by means of a kite, and they ridiculed Stephenson when he proposed to run a train at thirty miles an hour—just as some very clever people have ridiculed me for presuming to cure people with my ten fingers instead of having recourse to the heroic doses of antiquity. Not that I would have any one believe in everything. It is as foolish to believe nothing as everything.

There are persons, not a few, whom no amount of evidence will satisfy when not accordant with their interests, their prejudices, or their desires. There are almost as many who will believe in no evidence at all. Self-conceit that will not own error, obstinacy that prides itself on never changing an opinion once formed, vanity that flatters itself by thinking "How much more clever am I, who will not be imposed upon, than my neighbor, who, with thrice my learning, believes this novelty." Interest, real or supposed, in the established false-

hood, personal inconvenience in the recognition of popular truth—these are the fountain sources of scepticism, and ever will be while people will not investigate nor think for themselves.

Not that I am disposed to quarrel with any one for a discreet scepticism where they have not had a convincing fact to fall back upon to dispel it. My object is to advance the claims of Animal Magnetism as a Therapeutic Agent of remarkable value when properly applied, by the statement of facts alone—facts illustrative of its virtues—facts which must command attention. And to do this, I propose to relate one that came under my own observation in the island where I reside, in the year 1881—a fact which can be verified by any person who will make proper inquiry—one which is a splendid example of the powers of magnetism as well as of the effects of suggestion in disease.

It is well known to those who have studied this science from a therapeutical standpoint, that when a sick person is put into the somnambule sleep, or even into the first or second stages, that by placing the hand upon his head and announcing the disappearance of all the symptoms of the sickness, and by a distinct assurance in a loud voice, that all pain will disappear, and that the patient will be well on awakening, that in the majority of cases it will be just as desired. But it is not so generally known that the same result can be produced on certain subjects, when awake, who may be only slightly under the influence of magnetism. Incredible as this may appear, it is true; and when we consider that human beings are far more sensitive to this agent than the best galvanometers and that professors of physical science employ the skinned legs of a frog to demonstrate the presence of the feeble currents that would otherwise escape their instruments, we should not be so astonished that the ordinary man is so sensitive, nor that nervous or impressionable people are still more so. It is ridiculous for scientists to deny this, and until they construct instruments for their experiments in physics, that are composed, like our bodies, of millions upon millions of microscopical organs, each an electrical apparatus in itself, then will their negative testimony

be of any value. But to the case in point.

An inhabitant of St. Thomas had been long afflicted with the thrush. Reduced to a skeleton, abandoned by the regular faculty as incurable, he had given up hope and had resigned himself to die. For one year he had not been able to leave his house, was unable to move from one spot, and had become so weakened and wasted away that he was incapable by his own exertions to move himself, *not even able to lift up his arm*. It so happened that I was treating a young lady of the same family for nervous headaches, and he, beholding my success in relieving her from pain, asked me in piteous accents, "can you not do something for me?" Great as my faith is in the curative power of the agent I employ, my heart sank as I looked upon the unfortunate being before me, propped up on two chairs. Yet, something within me urged me to try. Calling for a basin of water, which I placed upon a chair beside me, and putting my left hand within it, I laid my right hand upon the pit of his stomach and kept it there for the space of half an hour. During this time I experienced the most curious sensations, among which a profound depression and weakness were pre-dominant. Removing my hand, in a loud voice, I bade him recover, and left him somewhat revived. To make a long story short, I continued this treatment daily, for two or three weeks, at *exactly the same hour and for the same duration of time*, when a great amelioration took place, his appetite improved, he gathered strength, gained in flesh, and was soon walking the streets which he had not beheld for many a day and which I am sure he never expected to see again.

In relating this case, I by no means intend it as an illustration of the method always to be pursued. The application of animal magnetism is governed by laws based upon theories as scientific as anything we know of in the domain of therapeutics. Some of these I have attempted to elucidate in former articles published in this valuable journal. Neither do I presume to state that this science is infallible or belonging to the domain of miracle. The fact I have related is true, and only one out of hundreds of others. I admit the apparent simplicity of the means employed.

I am even willing that scientists should say that animal magnetism is a delusion, that the subject dupes himself and others also; that the mesmerized person magnetizes himself; that mesmerism, somnambulism, natural or artificial, hypnotism, trance, mind-reading, clairvoyance, etc., etc., are nothing else but a derangement, or sickness of the brain and nerves; or that they should call it hysteria, hysteroid affection, the power of imagination, or the influence of one mind over another. Let us even take such assertions for granted, but if there be any good in it, let us employ it upon every occasion if we can cure sick people with it, more especially when other reasonable and scientific methods are unsuccessful. The "end justifies the means," and no wise or benevolent physician, we feel sure, would hesitate to employ such a powerful agent as this selfsame power of the imagination, unless blinded by prejudice, or animated with a desire to stifle Truth at the expense of Justice, and sacrifice the lives of those who look to him for cure in *their ailments*.

Tibial Counter Irritation.

BY

PROF. J. R. BUCHANAN,
BOSTON, MASS.

One of the most important and wonderful discoveries in the science of Sarcognomy is the neurological relation of the tibial region.

The anterior surface of the leg and dorsum of the foot are in such antagonistic relations to the brain and lungs as to enable only counter irritation to produce a greater impression upon their inflammatory affections through the tibial region than at any other locality.

The reason of this is as marvelous as the fact itself, and therefore I shall not undertake to give it in this article, but those who are curious will find it in "Therapeutic Sarcognomy."

The space between the knee and the foot exterior to the crest or spine of the tibia, and corresponding with the tibialis anticus and the common extensor of the toes, is the space upon which I operate for such effects. The effect of any excitement produced on this tract is to diminish both cerebral and respiratory action, producing a mental dullness highly favorable to sleep, and resulting

in sleep under favorable circumstances—moderating the pulse, lowering the temperature, and acting as a perfect antiphlogistic, and to some extent as a febrifuge.

So remarkable and complete are these effects, that I am induced to believe that tibial counter irritation will hereafter become known as one of the *leading measures in the treatment of all inflammations*—and especially those of the *lungs and brain*.

This has long been taught in my lectures, and has been verified by some of my pupils. I mention it now to invite practitioners to try it. It is easily tried, and will not interfere with any other treatment.

A stimulant plaster may be applied on the tibial region, or simple warmth by rubber bags of hot water, hot bricks, or any other hot application. In lieu of this, we may even apply warm clothing, by swathing the leg in several folds of flannel, to make it as warm as possible. But in this case we do not get so good an antiphlogistic effect on the lungs, as it is the *anterior* surface that produces soothing and cooling effects. The method, however, would not be objectionable for the brain.

For sedative purposes, the foot should be included with the leg. The foot is specifically antagonistic to the brain, and almost as antagonistic to the lungs. The upper surface of the foot, however, has a more agreeable influence than the lower.

Hæmastasis gives a good mechanical illustration of the same principles, when applied to the thighs, as it shows the power of the lower limbs to relieve the lungs, when the hyperæmia of the former produces diminished circulation in the latter. I have long been accustomed to give my pupils the experience of Dr. Buckler, of Baltimore, over thirty years ago, who treated a severe case of pneumonia, *secundum artem*, allopathically, without doing any good, as the patient advanced steadily toward a moribund condition, without a moment of sleep, and then as a last resort, when without hope, stopping all medicine, placed ligatures on the thighs, till the limbs were distended with blood, and continued the application in the first instance fourteen hours (longer than is generally desirable) and then repeating the application. Under this treatment, sleep and perspira-

tion ensued, and a speedy recovery followed.

Sarcognomy demonstrates that this antagonistic relation to the lungs operates through the nervous as well as the vascular system. In mechanical hæmastasis, ligatures should be applied around the shoulders as well as the thighs, to produce the most complete effect—the limbs being kept warm to admit the afflux of blood. Pneumatic hæmastasis by a vacuum apparatus is still better, as it offers less resistance to the local circulation. Either has a remarkable power over all inflammations, congestions, and hemorrhages in the trunk or the head, and probably one half at least of all the victims of pneumonia might have been saved by its timely application. But common sense crawls at a snails pace in the old medical profession, and hæmastasis has been shamefully neglected. When I suggested its use in a case of pneumonia to a former President of the National Medical Association, he appeared to be entirely unacquainted with it.

I write now to induce physicians to try not only hæmastasis but *tibial counter irritation* for inflammatory and febrile affection of the lungs and brain, and to report the results. I appeal especially to those who are reading "Therapeutic Sarcognomy," and who see, therefore, how valuable their testimony would be.

I have not preserved, heretofore, the testimony of those who have tried the tibial treatment by the hand, but I find among my old papers the statement of a pupil, G. W. H., attested by another, A. R. H., that when laboring under "a severe attack of acute inflammation of the lungs" he "was relieved of all symptoms and cough within ten hours after the plaster began to excite the part." It was an irritating plaster applied according to my directions to the anterior exterior part of the leg.

Similar effects may be produced by electricity, in applying the negative sponge of a galvanic current on the tibial region, the positive being applied on the abdominal surface.

While writing this article, I have been disturbed by a cold or influenza produced by exposure in severe weather, and finding common remedies to have little effect, I laid them aside and cut strips of common adhesive plaster about

two inches wide and twelve inches long, wetting their surfaces with tincture of Capsicum, and applying one on each tibial surface. The profuse flow from the nostrils was checked in a few minutes, and the cure completed within twenty-four hours.

It is probable that the efficiency of such treatment will be in some proportion to the nervous susceptibility of the patient, and upon that subject I would invite observations.

Gelsemium Hypodermically in Convulsions.

BY

J. W. FYFE, M. D.,
SAUGATUCK, CONN.

On the morning of December 6th, 1884, I was called to see Miss L. H., set about twenty years, and learned that she had been having hysterical convulsions for several hours.

She was placed partially under the influence of chloroform and given a hypodermic injection of morphine. In about half an hour she became quiet, and said she felt well. I then prescribed:

℞ Tinct. Gelsemium... gtts. xxx,
Aque 3 iv,

M. Teaspoonful every two hours.

On the afternoon of the same day I was again called, and learned that after I left her in the morning she remained quiet for about an hour, when she again began to have convulsions; they had been recurring with increased frequency ever since.

I again resorted to chloroform, morphine, and other remedies upon which I had been accustomed to rely in similar cases, and finally got her quiet; but a few moments later she went into the most terrible convulsion of the lot.

As I looked upon her discolored and distorted form, the thought occurred to me that here was an excellent case in which to test Prof. Younkin's method of using Gelsemium. I therefore at once placed fifteen drops of Tr. Gelsemium in my hypodermic syringe and injected it into her arm. The effect was almost magical. In a very few moments she became conscious and quiet, and that was the last of the convulsions.

After remaining with her about an hour, and seeing no indications of a re-

turn of the convulsions, I prescribed:

℞ Tinct. Pulsatilla..... gtts. x,
Aque..... 3 iv,

M. Teaspoonful every two hours.

The following day she was feeling as well as usual, and has continued in good health up to the present writing.

Pneumonia.*

BY

JOHN P. NOLAN, M. D.,
NEW YORK CITY.

As we are now fairly into the winter season, I will ask your attention this evening while I bring before you a few practical remarks in regard to the disease, which I think is most prevalent during the coming months. I refer to pneumonia, that fearful malady, so rapid in its destroying influence, and which attacks both young and old alike. I shall not weary you by going over all the symptoms, or reading you a history of the nature of the disease, but will content myself by speaking particularly of the best and most successful mode of treatment. It is very significant of this malady that where it is not properly diagnosed at the outset and treatment begun early, a large majority of the cases are pretty sure to terminate fatally. The doctor is not always at fault, however, as the people frequently make out when these cases fare badly, for too often they do not seek his aid in time, or until the inflammatory processes have already so far advanced that really nothing can be done. But I think if there is a disease where prompt and timely help can do much towards lessening its severity, circumscribing the morbid action, and, in fact, saving the patient's life, that disease is pneumonia. Now, we will just take the case of an adult man suffering with well marked open pneumonia. I use the word "open" advisedly, for there is a form of pneumonia, a masked variety, as it were, in which the ordinary symptoms are much more obscured than the one we are considering. Let us say the patient has been ill 48 hours, he started in with one or more severe chills and considerable vomiting; next he complains of a stabbing pain in his chest, which is greatly aggravated by efforts of coughing, which is now

* Read before the West Side Medical Society, Jan. 8th, 1885.

pretty severe. On closer examination we will find that the pain is located on one side of the thorax, rarely on both sides together, or in the infra-mammary region. Now, if we place our hand upon him, we at once realize the great heat of the body. Indeed, this strikes us at once as being truly pathognomonic of the malady. A thermometer placed in the mouth or axilla will now indicate a temperature of from 102° to 104° , and this is about the average. The pulse is variable and seldom corresponds to the fever; we may have a temperature of as high as 104° , while the pulse may be but 90 or 95; this I have frequently witnessed; and I wish to call your attention particularly to the fact that in otherwise healthy subjects this type of pulse and fever in pneumonia is very fatal, for with it the dyspnoea is very severe, so much so, indeed, that the patient cannot close his lips upon the thermometer if placed in his mouth—the effort to catch his breath compels him to keep it constantly open.

Now, I will just digress a little to consider the source of animal heat, normal and abnormal, and we will see what bearing it has upon the treatment and prognosis of this most fatal disease. There is now, I believe, no doubt but that the source of animal heat is in the blood itself, of course resulting from the molecular vital action of that fluid. But let that normal action be disturbed, as by the processes of acute inflammation, and then we have a more energetic molecular action going on between the red corpuscles and the liquor sanguinis; and the severer the character of the inflammation, the more rapid the molecular metamorphosis, and, consequently, the higher will be the range of temperature. Hence, as physicians, when in attendance on all cases of pneumonia, we should be principally concerned in endeavors to mitigate this rapid molecular metamorphosis, or, in other words, in subduing the inflammation or keeping it under some control, and this can only be done by choosing the best antipyretic treatment. In a recent lecture by Prof. Flint, on the subject of pneumonia, he practically admits that really nothing can be done. He says, perhaps a few doses of quinine might be judicious, and in regard to alcoholic stimulants, they are nearly useless; they may make

the patient breathe a little faster or easier a few times, but that is all. The only thing he ever saw do good in a very bad case, was one or two drachm doses of calomel, and he naively adds, the patient got well, but lost all his teeth. Surely, if we were to follow this gentleman in his treatment, the outlook for any success in this disease would be pretty doleful indeed. But I think in reformed practice we can do a great deal better.

Now we will return to our patient, who, with flushed face and anxious countenance, is breathing laboriously, and who frequently informs us not to forget to do something for "that pain in his chest;" and as we view him, will we not at once think of that medicine of all others which is the quickest to relieve the congestion and to stay the destructive metamorphosis? I refer to the *asclepias tuberosa*, for it seems to be particularly suited to this disease in its early stages, but must, as Dr. Kunzé emphasizes in a recent article, be always given in the form of a hot infusion from the powdered root, and in no other way. When given in doses of from two to four drachms to about a pint, frequently repeated, it will fulfill your best anticipations, Dr. Flint to the contrary notwithstanding. In regard to the action of this medicine on the pulse, while I never saw it reduce it in frequency to any extent, yet the pulse becomes softer, and it greatly relieves the pain in the chest. But it will not be sufficient in a disease of this kind to have only one remedy at hand, for all the symptoms will want careful watching, and, above all, the heart will be the organ requiring the most care; the failure of the power here is the principal cause of death in all cases of pneumonia. It has been the custom to give carbonate of ammonia for this, but sorry will he be who puts his faith in this remedy, for I believe it is worse than useless. The drug on which I place the most reliance, and I have had a pretty large experience in this disease in my locality, is *digitalis* given in infusion, small doses every hour if necessary; of course I refer to English *digitalis*, and it should be given until danger is past. I have said nothing about poultices, for I never use them; they are all liable to become cold, and I cannot believe in their utility. I gene-

rally envelop the chest in cotton; it is cleanly and warm, and I find it is all that is necessary. Now a word about stimulants, which a learned professor says are no good. I cannot do better in recommending them (for they are suitable for that poor heart all through the disease) than by relating to you the following case: I was sent for, over a week ago, to see a man who, the messenger said, was dying. When I arrived at the house, I found the patient in the last stage of pneumonia, a cold sweat upon him, and in partial coma. I noticed, also, that very unfavorable sign, picking at the bed-clothes. Temperature 105°, pulse scarcely perceptible, but about 125. He had been attended by two physicians, who had given him up, and I was informed by his wife that he was ordered to take only very little stimulants. As the case looked hopeless, I gave them little encouragement; but I saw at once that the immediate danger was the prostrate heart, and I set about trying to arouse it and keep it going if possible. I sent for a quick stimulant in the shape of champagne, and gave him at once half a pint, and in an hour gave him the other half. In the meantime I had ordered digitalis, and, when it arrived, he took a dose. I returned in three hours, and the change was wonderful. He recognized his friends, and was able to speak intelligently. I then felt confidence in telling them that if he would live until the following morning he would, in all probability, recover. On my visit in the morning he was still alive and improved, and had drunk in the night two quarts of champagne. I now believed he would really get well, and told them so; in a burst of gratitude his wife fell upon her knees to bless me. I am still attending the man; he is now sitting up, and to-day walked a little around his chamber. I ask you, gentlemen, what could I have done in this extreme case were it not for the alcoholic stimulant? I did not give it to make him breathe any easier, but to keep the heart going, and let Nature look out for the rest. I will also ask you to contrast this with the calomel treatment, and draw your own conclusions. Was it not far more rational to support that sinking, dying heart than to give a vile poison and expect help from its specific action? I will conclude by saying that I have

some faith in antipyretic doses of quinine, particularly in cases of debilitated subjects, but I never use it for a beginning treatment. During the period of convalescence, small doses are very applicable, and should be given. The general supporting treatment should never flag from the outset of the disease, but meat or broth should not be thought of; the fever is of too acute a character to give animal food, and, besides, as a rule the patient loathes the very mention of it, showing what a capital dictator Nature is, and her likes and dislikes should never be thwarted in the sick room. I find that there is nothing more acceptable to the patient's stomach, or more suitable as a stimulant in the malady, than milk-punch composed of rye whiskey, lime water, and milk, and prepared by shaking it up to a foam. That it may rest more easily on the sensitive stomach when there is great prostration, egg-nogg can be substituted, and these articles I think fulfill all that is required for both nourishment and stimulation; and while we may not, and cannot, save every patient, yet we will have the satisfaction of knowing that we have done our full duty to the best of human knowledge.

Treatment of the Insane.

BY

ORPHEUS EVERTS, M. D.,
Medical Superintendent of the Cincinnati
Sanitarium.

(Concluded from page 24.)

There are persons so constituted that they are never embarrassed by, nor for the want of, facts, when presenting their view of any given subject.

Chemical restraints consist of all such substances as are capable, when ingested, of modifying or suspending the function of sensory or motor organs. There are many known substances thus capable—first of stimulating, and subsequently of paralyzing, such organs.

These substances are not capable of entering into animal organization as nutrients. Yet they influence, when present, both constructive and destructive metamorphoses, incidental to the evolution and dissolution of animal tissues. Why, or how, I do not know. By slowing or hastening these physiological changes, it may be; still the final interrogatory is not answered.

Among the more reputable of these drugs are: Opium, Chloral, Alcohol, Hyoscinum, Conium, Cannabis Indica, and the Bromides.

When given to restrain, specifically, they should be administered in quantities sufficient to effect the purpose fully and promptly. Inadequate doses not only disappoint expectations, but increase, rather than diminish, the morbid activities which they were intended to quiet. The necessities of any one person in this respect cannot be measured accurately by the requirements of others. The quantity of medicine appropriate for each should be ascertained by careful preliminary experiments.

As a sleep compeller, within the bounds of safety, chloral stands at the head of the list of chemical restraints. Its effects are immediate, persistent, seldom disagreeable, and pass away without alarming symptoms. Frequent repetition of its use for a protracted period is not, however, beneficial in the treatment of curable persons; and it should not be depended upon at all in the treatment of the melancholy or suicidal. Not because of inefficiency as a restraint in such cases, but because of its tendency to impoverish rather than to enrich the brain.

The bromides are much less actively coercive than chloral. They are very useful, however, when judiciously prescribed. They are calmative and depressant, rather than hypnotic, and also impoverish, rather than enrich, cerebral structures.

Opium has no rival in nature as a medicine. No other drug is so capable of modifying the conditions of consciousness as to relieve from pain without effecting complete unconsciousness. As a sleep-compeller merely, it is not so safe as chloral. But in the treatment of the insane, especially of the depressed and suicidal, it is the one remedy that has maintained its good repute for many centuries.

Alcohol resembles opium in its general effects, applicability, and usefulness as a medicine. It exerts a well-marked influence over both constructive and destructive activities, affecting the various organs of a man.

With these four general agents the skillful practitioner can accomplish all that can be accomplished by chemical

restraints in the treatment of the insane. It is needless, therefore, to discuss the qualities of other drugs of the class, of less merit or reputation. As an attorney-at-law is bound to produce his best evidence in the trial of a cause in court, so the medical practitioner should feel obliged to prescribe his best remedies in the treatment of the sick. He needs but few if they be efficient, and only embarrasses himself with more than are required to meet necessities.

That drugs capable of obliterating consciousness and paralyzing motion should be prescribed with care and circumspection, need not be asserted.

That medicines capable of banishing pain, without immediate danger to life, will be resorted to, needlessly and injudiciously, may be reasonably anticipated.

That the restraint effected by any drug more than simulates natural repose, is not probable. The unconsciousness effected by chloral, opium, or alcohol, as compared with natural sleep, is neither balmy nor restorative. Yet neither of these facts, nor all of them, would justify the inhibition of their use, nor furnish a manly pretext for unfavorable criticism of their merits. The quack may be despised, or the fool pitied, who misuses them—but that they have contributed largely to the comfort of mankind, if not to the longevity of the race, can not be successfully disputed.

Without such drugs, indeed, the practice of medicine would seem to me—however it might appear to others—to be as comfortless to patient and physician as would be to penitent and priest the ceremonials of religion with the consolation of promised forgiveness and salvation all left out.

The clinical history of an insane person that indicates and justifies special restraint, includes:

- (a.) Excessive and protracted voluntary muscular motion, threatening exhaustion.
- (b.) Paroxysmal violence, endangering self or others.
- (c.) Persistent denudation, and exposure of person.
- (d.) Self-abuse, sexual or mutilatory.
- (e.) Destructiveness, general or special.
- (f.) Sleeplessness and somnambulistic states.

The conditions (b) and (f) paroxysmal violence and insomnia—call for chemical restraint. All other conditions, *moral restraint having failed*, are best met by mechanical appliances; the rule of practice being, for all, not to persist in the use of any means found by experiment to increase, rather than to diminish, morbid manifestations, which it is desirable to suppress.

Medication of the insane, for other purposes than the restraint of morbid activities, does not differ from that pertinent to the treatment of other diseased persons. It is less satisfactory, perhaps, because apparently less successful, consequently affording less room for self-deception respecting the curative power of drugs, or the importance of the physician's office in prescribing them. The insane, too, are neither hopeful nor grateful, because of the physician's efforts for their cure while under treatment, however they may be after, if restored. So that the practitioner is deprived of the aid of the subtle influences of hope, expectation, and faith in medicine, that are supposed to assist wonderfully, when properly enlisted, in restoring the body from disease. It is needless, perhaps, to say in this connection that all medication should be directed with special reference to known or supposable conditions of the body, with the distinct understanding that it is better—far better—to “throw physic to the dogs,” than to be aiming it at a “mind diseased” without regard to physical conditions.

The primary and consecutive physical lesions of which mental disorder may be an ultimate manifestation, are numerous and various, but may be appropriately classified under two heads, viz.: *Lesions of construction, and Lesions of destruction*. Of some of these lesions much is known, and more may be knowable. Yet there are certain ultimate facts pertaining to the relationship of force to matter—of protoplasm to structure—and of structure to function—that may constitute the *noumenon* that will forever baffle us as physiologists, psychologists, and psychiatrists as well. Of the tree of knowledge we have partaken—but the tree of life is still guarded against our invasion.

We can, however, and it is important that we should, as a guide to

prognosis as well as treatment, differentiate lesions of construction from lesions of destruction, with commendable accuracy.

The activities of one class of lesions always precede, and if not arrested, culminate in the activities of the other; and both often exist at the same time, in the same individual, after such culmination.

The clinical history of constructive lesions embraces *inanition, indigestion, inassimilation, and intoxication*, represented by disorder all along the line, from the ingestion of crude materials to the dissolution of organized structures; by which the natural balance between protoplasm, structure, and function is inevitably disturbed.

The history of destructive lesions embraces the *various cachexies: cancerous, syphilitic, tuberculous, &c.; atrophy: atheromatous, and other degenerations, and all inflammations*.

These lesions, when recognized, should indicate their own treatment. The dyspeptic, tuberculous, syphilitic, toxicemic lunatic, differs only from any other dyspeptic, tuberculous, syphilitic or toxicemic patient, pathologically; in the matter of localization of morbid activities: the brain of the lunatic, or some of its appendages, always being affected, while the brains of others may be exempt.

The indications of treatment in all lesions of construction call for NUTRITION AND DEPURATION. Nutrition, that constructive activities may not culminate in destructive activities because of protoplasmic or structural exhaustion; and depuration, that nutrition may not be embarrassed by the presence of effete and toxic accumulations.

The remedies called for by constructive lesions are *nutrients and evacuants*.

The remedies indicated by lesions of destruction are called *tonics, stimulants, and alteratives*.

When lesions of construction co-exist with lesions of destruction, a combination of remedies may be appropriately prescribed.

Have we any nutrient medicines?

If medicine, as defined by Webster, is “any substance administered in the treatment of disease,” we have. Fresh beef, milk, eggs, meal, water and air, are medicines *par excellence*—nutrients of the first order. Salt, sugar, fruit, acids, and oils are adjuvants of great

utility. Some bitter or carminative extracts, spices, wines and other table beverages, may promote nutrition under some circumstances; but they are not nutrients. No drugs proper can be classed as such. Many proprietary preparations of medicinal food—vegetable and animal extracts, pepsins and peptonoids—grace the apothecary's shelves and the advertising pages of our medical journals, but with a few exceptions they cannot be trusted as nutrients, or aids to nutrition.

No definite prescription of nutrient remedies, to meet hypothetical conditions, need or can be profitably made. Yet a nice discrimination of needs, and adaptation of food medicines to various and sometimes obscurely indicated conditions, effected by constructive lesions, are the most important feats that the medical practitioner will ever accomplish in the practice of medicine. To this end he should study cookery as well as pharmacy, and patronize the kitchen in preference to the drug store.

There are many depuratory agents, drugs proper, of the emetic, cathartic, diuretic, or other variety of deobstruents. But of all known depurators, water is the one universally applicable and indispensable agent.

Multitudes of men and women, in the midst of luxury, suffer, die, because of their habitual neglect to cleanse themselves, inside as well as out, with this universal solvent and detergent.

Water is nature's agent, and effects its ends while acting in harmony with all natural processes.

Drugs are artificial evacuants, and accomplish what they do, I know not how; but possibly because of their own offensiveness, by arousing the various organs of elimination, excretion, and defecation to unusual, even violent, activity for their own expulsion; other less offensive matters that may have accumulated in the body may be carried out with them.

That much good has been, and may be accomplished by such means, even if the theory suggested be correct, is beyond question.

It is well to remember, however, that in using them, like a spur to a jaded horse, they should only be resorted to in cases of emergency, for temporary purposes. They cannot be depended

upon to take the place of natural agents.

The practitioner has a large assortment of drugs of this class to select from, but he who knows how to use calomel, ipecac and the potassium salts, can accomplish all that can be accomplished in the line of their usefulness.

In the treatment of the insane, if under absolute control, the use of water should soon obviate the necessity of resorting to drugs as depurators at all.

A proper use of water, in the treatment of the insane, implies something more than filling a pitcher, bucket or tank periodically, and leaving it within reach of patients through the day: or ordering a general bath Wednesdays or Saturdays—afternoon. It implies, indeed, knowledge, tact, sensibility, and patient watchfulness, on the part of those directing its use. If the sane cannot be trusted to use water intelligently for their own good—how can the insane be trusted?

Neither can general attendants or nurses be trusted, under all circumstances, to do their whole duty, however well instructed in a general way. The best of them require constant supervision and special instructions to meet the necessities of special conditions.

Eternal vigilance is not only the price of liberty—it is the price of success in the treatment of the insane.

Observant of everything, the hospital physician should be particularly sensitive to, and careful respecting, little things—things that are likely to be overlooked, or disregarded as "fittle" by the insensitive, indifferent, or ill-bred. And there are such—I grieve to say so—in this broad land of freedom and democracy—persons. For example—I have seen such prescribing for the sick, who would smile incredulously or derisively at the protest of a patient alleging inability to drink from a cup or dip from a bucket used in common by the patients of a hospital ward—or complaining of loss of appetite, or inability to eat, because of offensive odors, or the disgusting appearance and habits of table associates. I have known persons, also, employed in hospitals, in official positions, who could not comprehend the delicacy of feeling that would cause a person of refinement, even when insane, to shrink from bathing in company—two or more persons occupying

the same tub and water, and using the same towel—notwithstanding the impatience of attendants, required to bathe a certain number of persons within a given number of hours. But such persons, it is needless to say, are unfit for hospital service; and such “little things” are too important to be pooh-pooed or neglected in the treatment of the insane; they are quite as important, indeed, to be known of, or attended to, as is the occasional necessity for, and skill in the use of the stomach tube for involuntary alimentation, or the voting qualifications of appointees of political hospital boards.

A continuously full supply of air is essential to purification of the human body. Nature cremates—oxidizes that which has served its purposes in organization—reducing it to more primitive conditions. A certain amount of motion contributes, also, to the changes involved in the processes of nutrition and depuration.

Exercise in the open air is, therefore, a natural suggestion of great value, which should be acted upon, as not only wise, but authoritative. When, how, and to what extent, exercise should be performed, are questions to be determined by special considerations—requiring knowledge and discretion for their solution.

Massage, intelligently prescribed, and performed, is useful, beyond question, for patients incapable of voluntary exercise. But, like electricity, in the hands of innocent or designing ignorance, it is more likely to be harmful than beneficial.

Occupation—labor, study—are being recommended and urged as remedial agents in the treatment of the insane. For the custodial classes, including the convalescing, there can be no doubt of the propriety and usefulness of such elements of treatment.

By or with the methods and means thus suggested, and variously adapted to the wants of individuals, together with all of the details of intelligent nursing, all of the insane that are practically curable, if treated, may be expected to recover within a reasonable period—the greater number within six months from the beginning of treatment. Possibilities, however, remain for a long time in some instances to encourage

the practitioner: In all cases, indeed, until constructive disorder shall have culminated in destructive processes—after which the patient may be pronounced decisively incurable. This proposition, possibly, may not pass unchallenged.

Are there not, also, reconstructive activities and processes? May not destruction be arrested? And injured structures be repaired? Restored?

Arrested? Yes. Repaired? Yes. Restored? Never. Destructive processes are only arrested by an interposition of more stable, hence less complex, structures; accomplished by reconstructive activities—never by reproduction of original tissues—however slight the deterioration. The ratio of stability of all organized bodies being inverse to that of their complexity.

Of medicines considered appropriate for the treatment of lesions of destruction, there are, also, many. Iron and arsenic are the most useful tonics. Cinchona and nux vomica are admirable stimulants. Iodine and mercury have long maintained their reputation as alteratives. With these representatives of their classes the skillful practitioner may consider himself fully equipped. That the action of these, or any other drugs, is directly curative, or accomplishes more than an occasional turning of the balance of vital activities in favor of reconstruction, is not to be presumed.

A happy response of the ever delicate and oscillating scale of organization to medical influence that occasionally rewards the efforts of the rational empiric, is the one fact that justifies continuation of experiment in the use of drugs, and saves the more intelligent physician from out-and-out infidelity respecting their virtues as healing elements, in the practice of his profession.

The therapist is but a helper after all. He cannot create. He cannot renew. The boasting Paracelsus died. So do we all. We can modify physical activities to a limited and always uncertain degree by affecting physical states, but we cannot divert natural processions by any possibility from lines established by material conditions.

Were we more accurately and fully informed respecting the relations of structure to activities and phenomena, generally and specially, and the definite

relation of drug-force to constructive, destructive, and reconstructive activities, we might hope to effect much more by medication of the insane than is now possible.

All pretense of scientific psychiatry must rest upon such a basis of information.

If any one is disposed to criticise his own pretensions as a psychiatrist in the light of this fact, let him do so. There is consolation for him, however, and for us all, in the fact that rational empiricism is but one remove from science—that it is the ground from which science springs—and that we, as tillers of this ground, have cleared the field, which psychology and psychiatry may some day occupy as sciences, of much rubbish—the *débris* of ages—and have sown some seed that even now is germinating, with promise of future growth.

And so, having sketched the outlines of that which appears to me, in the light of present knowledge, to be a rational treatment of the insane, without alluding to obsolete, or discussing doubtful, practices; knowing full well how limited are its recommendations and how unassuring its promises, I beg leave to submit this report, and ask that my learned colleagues be held not responsible for any of its deficiencies or errors.

To which I desire to add the confession, that after forty years' devotion to the study and practice of medicine—fifteen in constant contact with the insane—having experimented through a wide range of theories and practices, from the rationalism of Sydenham to the transcendentalism of Hahnemann—I am less confident now of my ability to cure, or to materially aid in the cure of, diseased conditions, than I was in the earlier years of my apprenticeship.

I am also convinced that the more one knows physiologically and historically of himself—and all other beings of the kingdom of nature of which he is a part—and the clearer and more comprehensive his perceptions of the relations of parts to wholes—of the unity in which all variety must ultimate—the oneness of the universe toward which all matter is being perpetually moved, through endless specializations, by all forces—with the inevitableness and accuracy of omnipotence guided by omniscience—the less arrogant will be his pretensions

as a healer of disorders, of whatever character. And if not finally devastated by the skepticism that comes of unlimited liberty of investigation associated with limited capabilities of comprehension, a disaster to which small men are liable, the more and more will he become impressed with the importance of science as a result of the generalization of knowledge, and the less and less will he be influenced by the merely notional, sentimental, or fashionable in the practice of medicine.—*Journal of Insanity*.

Hydrochlorate of Cocaine in Aural and Other Cases.

BY

H. C. BOENNING, M. D.
PHILA., PA.

On November 3, 1884, I was requested to call on Dr. L. R. K. and remove a piece of cinder that had been embedded in the cornea. I found on examination that the cinder was firmly fixed in the cornea and surrounded by an area of discoloration. Effects at extraction provoked intense suffering, and I determined to use cocaine to test its anæsthetic virtues. I obtained a weak solution from Dr. L. W. Fox, and dropped four drops every three minutes into the eye, using sixteen drops. In a few minutes the pupil dilated and the cornea was insensible. I removed the foreign body without causing the slightest pain. The cornea continued anæsthetized for nearly two days; the pupil remained dilated for a day longer, but gradually returned to the normal. Accommodation was not interfered with to any extent, J. No. 1 being read with the aid of the patient's ordinary glasses at ten inches. A curious symptom observed was a marked dryness of the throat and mouth, which passed off in the course of a day.

Since then I have used the cocaine in other eye cases. In a case of ulceration of the cornea accompanied with severe pain, the instillation of the cocaine was followed by a marked relief of all pain and a diminution of the attendant conjunctival injection. The photophobia present was not influenced by the cocaine. Severe suffering was produced by exposure to light; but the constant pain attendant on the ulcer was relieved. The next day I tapped the anterior chamber, and the patient is now well.

About the middle of last month a

child was brought to my office for ear-trouble. The history revealed an attack of scarlet fever two years ago, followed by deafness and a discharge from the meatus. An examination proved marked loss of hearing, but I could not determine anything more, the slightest contact with the ear producing pain and exciting the girl so much that the mother interfered. I ascertained that discharges of blood occurred from time to time, and that at first, when the child held her nose and mouth and expired, a hissing noise in the ear could be heard. I obtained the child's consent to an examination if it could be done painlessly, and forthwith used a strong solution of cocaine (eight per cent solution), dropping about thirty drops of this into the ear in the course of half an hour, although much of the fluid overflowed the meatus. Ten minutes after the last drops were used I opened the meatus with a small bivalve ear-speculum and found it contracted by a growth—which partly filled the canal—of a pale-reddish color, bleeding slightly upon touch. The child (Mabel C. L.) felt the manipulation, but no pain was produced. Forcible expiration produced a hissing sound, and my diagnosis—vascular polypus with perforation of the membrana tympani and chronic catarrh—was confirmed. The next day the patient appeared for operation, and after using the cocaine again (although the parts were still numb) I removed the growth and washed out the ear, no pain of any consequence being caused. The case is progressing excellently, and I hope soon to close the perforation, which is near the lower portion of the membrane, being a circular hole with thickened edges.

My own child—a boy 26 months old—a week ago developed a small follicular abscess of the meatus auditorius, accompanied by pain, feverishness, and wakefulness. I used the cocaine in his case twice in twenty-four hours with much relief. The next day I opened the abscess, which, of course, permanently relieved him.

November 5, Mr. Barcus, a student at medicine, kindly permitted me to drop some cocaine solution into his ear, the result being similar to the above cases. The canal was benumbed. A probe and speculum, which in the other ear caused

pain when twisted or moved from side to side, was felt in the anesthetized ear, but no pain was caused.

I would note, in no case were any unpleasant symptoms produced except in that of Dr. K., where dryness of throat was marked. This may, of course, have been a mere coincidence. In ear cases the solution should be much stronger than in eye cases, otherwise the effect will be neither so prompt nor so satisfactory.—*Phila. Med. Times.*

The Surgery and Pathology of Ten- esmus of the Rectum.

BY

J. HEADLEY NEALE, L. R. C. P.

LEICESTER, ENGLAND.

A short time ago, attention was called in a contemporary journal to the treatment of spasmodic contraction of the sphincter ani by digital dilatation, a *modus operandi* concerning which most of our text-books afford but scanty information. Maisonneuve was probably the first to bring it into notice; and Holmes, in the last edition of his "System of Surgery," speaking of an "operation that has lately been recommended in France," condemns it as "unsurgical," at the same time admitting the evidence of its success. So far back as 1877 we find Erichsen, after recommending the trial of belladonna by suppository, which at best could only relieve systems without removing the cause for this distressing complaint, writing thus: "should these means fail, the patient must be anesthetised, and the sphincter forcibly dilated with the surgeon's fingers." As "nothing succeeds like success," the following particulars of a case I was asked to examine with a view to operative interference may be of interest.

Mrs. F—, wife of a well-to-do farmer, aged fifty-nine, nulliparous, stout, florid, and of a sanguine and neurotic temperament; menopause came on in the forty-ninth year. About eighteen years ago a tumor, supposed to be ovarian, appeared in the right iliac region, freely movable, and about the size of a foetal head. It subsequently disappeared, and no trace of it now remains. The family history is good. Beyond a dyspeptic tendency, the occasional occurrence of piles, and of slight attacks of bronchitis in the winter months, the

patient has always enjoyed good health, until about fifteen months before the date on which I saw her; when the bowels began to act irregularly, defecation becoming both difficult and painful. The abdomen was greatly distended with flatus, which, however, was scarcely ever passed per anum. There was a continual desire to go to stool, sometimes recurring a dozen times a day; the attempt frequently proving abortive. The motions when passed were of a "flattened tape-like character;" small doses of aperient medicine were constantly required, and the pain and difficulty in defecation increased. The patient's distress from distension, and what she termed a "growing up of the bowel," was so great that she consulted her medical adviser, who resorted to daily digital dilatation, and ordered warm water enemata to be frequently administered. This course of treatment in a measure relieved the condition; but, as the patient began to look forward to the daily manipulation with much dread, a more detailed examination under anæsthesia was recommended; and for this purpose I attended in consultation with her regular medical attendant. I first made a digital examination per vaginam, and found the os uteri normal and of the usual nulliparous character. A most unaccountable fold of mucous membrane high up in the vagina apparently divided that cavity into two compartments, and offered distinct resistance to the exploring finger. Passage of the sound showed the uterine cavity to be normal both in size and axis, thus negating the existence of a uterine origin for disease. The patient was then anæsthetised, and a most careful examination of the rectum both digitally and by the speculum was made, but not the slightest trace of either ulcer or fissure could be found. Around the anal orifice, however, and for some distance above were visible numerous polypoidal extrusions of old and absorbed piles.

Anæsthesia being complete, two, three, then four fingers, and afterwards the whole hand as far as the knuckles, were introduced into the bowel. There was free, but at no time alarming, hæmorrhage. Soon after returning to consciousness the patient passed a perfectly natural motion, the result of an aperient judiciously taken the night before. A

warm water enema was then administered and a quarter of a grain of morphia suppository passed into the rectum. Twenty-four hours after the operation the temperature rose to 101°; the bowel was then irrigated with a solution of hyposulphite of soda (a drachm to the ounce) and another suppository administered. The temperature speedily fell to, and afterwards remained at, the normal standard, the patient making an uninterrupted recovery.

The points of interest in this particular case were:—(a) the presence and subsequent disappearance of an abdominal tumor in a highly neurotic female, suggesting the query, Was it of phantom origin, or was it a myoma undergoing spontaneous involution at the climacteric period? (b) the absence of any fissure or ulcer, or (c), of any uterine mischief to account for the painful symptoms; and (d) the presence of the sites of old and absorbed piles. Among the pleasing results of the treatment may be noted the complete cessation of these symptoms; the patient's intense satisfaction at once more being able to pass natural motions without pain; and lastly, her uninterrupted recovery from the operation.

As regards the pathology of spasmodic contraction of the rectum and sphincter ani, where an ulcer or fissure exists, the cause is not far to seek. The peripheral end-organs of a highly sensitive and complex nervous mechanism are exposed by a raw surface to the stimulus (whether mechanical or chemical) of the intestinal contents passing over them, and an inordinate contraction of both voluntary and involuntary muscular fibres is the result. But where no such evident cause exists, and nothing is to be observed save the "reliquiæ" of old and absorbed piles, we have to resort to a hypothesis for an explanation of the condition. The following appears to me to be a feasible one. On the occurrence of a pile, with its extravasation of blood, there is considerable distension of the submucous tissue; and just as inordinate distension of subcutaneous tissue by deposition of fat is followed on the disappearance of the latter by cicatrization and the formation of "lineæ albicantes" (a condition I have frequently observed in nulliparæ of an anæmic or chlorotic tendency), in like

manner may not the absorption of the clot in a pile be followed by submucous cicatrisation, involving the aforesaid peripheral nerve-endings, and inducing a condition of hyperæsthesia, on the application of a stimulus, such as the presence of feces in the rectum? We should thus have an explanation of the "flattened tape-like" feces; for, with the desire to pass a motion, volition is called into play for the inhibition of the sphincter; this is modified by the inordinate reflex contractions, and the balance of power in the combat results in a narrowing of the orifice, and consequent moulding of the fecal matter. By dilating the parts we resort to a process of nerve-stretching, releasing the peripheral nerve-endings from their constricting environments, thus rendering them less amenable to the action of a stimulus, and leaving the voluntary inhibition of the sphincter to assert its mastery.—*London Lancet.*

Wounds of the Tendo-Achillis.

BY

F. W. ENTRIKIN, M. D.

FINDLAY, OHIO.

I am induced to give my limited observations on the management of wounds of the tendo-achillis by reading a report of a case by Dr. Voorhees. I have known of but two cases in this vicinity in the last twenty-eight years. One of these I treated; the other was treated by a practitioner of this place. The latter was treated by stitches in the integument, adhesive plasters and relaxation of the muscles by position, how carefully and intelligently carried out I am unable to say. The result was bad, patient is a cripple. The case was brought to me by a lawyer for examination; a suit for malpractice was not brought; I saw no more of the case.

My case occurred in July, 1861, in Casstown, this county, on Mr. J. W. F——, a farmer, now residing in Findlay, O.; age at the time, forty-three years; healthy, wound caused by stepping before the blade of a mower in motion; fibula broken, tendo-achillis and adjacent structures divided about two inches above the ankle joint. A country physician applied cold water, with pressure, until the profuse hem-

orrhage was controlled, then adhesive plasters, and left before I arrived. Found a clot filling the wound, which gaped from two to three inches. On removing the clot, hemorrhage was renewed from the peroneal artery; torsion and leaving on a pair of forceps a few minutes arrested the bleeding. The upper end of the divided tendon was lacerated, requiring the removal of about one-fourth of an inch in trimming out the lacerated parts. Sponged the wound with cold water and crude pyroligenous acid, which I then used as a disinfectant; passed a heavy silver wire through the tendon about one-third of an inch from its divided extremities, flexed the leg and extended the foot; an assistant pressed the muscles downward, the ends of the tendon coapted and were secured by twisting the wire; cut wire long enough to protrude from wound when integuments were brought together and secured by wire sutures, long strips of old style adhesive plasters passed around the foot and up toward the knee held the muscles in place, compresses of cold water and crude pyroligenous acid on lint to wound, a slipper on foot, a cord attached to the heel and made fast to a bandage around the limb above the knee completed the dressing; placed patient on the left side, this placed the injured limb easily on a chaff pillow.

On visiting the patient on the third day the wound looked white, felt cold, and apparently had made no progress toward repair. Changed for warm water made stimulating with whiskey dressing, and gave whisky and quinine internally, entire wound united by first intention.

I called on the gentleman on Tuesday of last week, and examined the limb. He tells me he laid by his crutches at the end of ten weeks, and soon after the heel came to the ground, enabling him to walk well. It has given him no trouble since, though for twenty-one years he has done hard work of all kinds on a farm. There is a very slight enlargement at the point of tendinous union; the action of the limb is perfect.

I read about uniting tendons by suture in some journal during 1860. This was my only chance to try it on the tendo-achillis; have tried it on several smaller tendons with happy results. I would certainly use it to-day if occasion offered.—*Cin. Lan. and Clin.*

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EDITORIAL.

With the March issue, the subscription price of the MEDICAL ADVOCATE will be raised to \$2 per annum. We do this in view of the introduction of several new features that we have had in contemplation for some time. We believe this step will merit the approval of our readers, as it will warrant us in still further improving our journal, and making it, in point of value and interest, second to no other medical periodical published.

We have the pleasure of announcing to our readers that our "Portrait Gallery" will be permanently opened for inspection with our next issue. Our "Gallery" will contain two or more portraits each month of prominent members of the medical profession, each portrait to be accompanied by a short biographical sketch of the original. In our first group we shall have the honor of presenting the portraits of Dr. Robert A. Gunn, Dr. Charles E. Taylor, and Dr. J. R. Buchanan.

The fear entertained by many intelligent people of being buried alive, is by no means groundless. This is attested by the many well-authenticated instances that have been recorded of persons who have been resuscitated after burial; and in numerous cases where bodies have been disinterred, unmistakable evidence has indicated that at the time the supposed corpse was placed in its narrow cell, life was not entirely extinct.

The usual, well-known tests for determining the presence or absence of the vital spark, while sufficiently convincing in most instances, have proved inadequate in some exceptional cases; under circumstances where a doubt may exist, they cannot be satisfactorily relied upon.

However, recent experiments in this direction with electricity has resulted in the discovery of a new test for the verification of death. It has been demonstrated that the temperature of the living subject rises appreciably at the surface of a muscle subjected to the action of the electric current, and that this never occurs in the case of a corpse under similar circumstances. This test of vitality is a very simple one, and easy of application. The discovery is a highly important one.

An extended use, and a more complete knowledge of the new local anæsthetic, hydrochlorate of cocaine, has tended to confirm the high estimate of the therapeutic value placed upon it when the discovery of its peculiar property was first announced to the medical profession.

Its great value in ophthalmic and aural surgery has been demonstrated beyond question, remarkably few failures being thus far reported, and those under circumstances that admit of a reasonable doubt as to the purity of the drug used. But its use is evidently not to be confined to operations upon the eye

and ear; further experiment has shown that all mucous passages that can be reached are amenable to its pain subduing influence. It is being successfully applied in operations upon the mouth and pharynx; to subdue pain in urethritis, and as an aid to the bougie in the dilatation of strictures; operation for lacerated cervix has been performed without pain. In dentistry, it has been employed in the extraction of teeth, and promises to take the place of gas for such purposes. It has been tried experimentally by hypodermic injection with the following results, the parts subjected to it being the arm, the forearm, thigh, and phalanges:

"The first sensations were smarting, followed by numbness, and redness at the point of injection; in two or three minutes tactile sense was diminished, and sensibility to pain and temperature entirely abolished. In each instance the anæsthetic area was noticed to be more extensive above the point of injection than below. The injection of one-seventh of a grain into a bubo and an inflamed bursa patellæ enabled each to be opened without the slightest annoyance or pain."

In view of its influence over mucous tissue, it has been suggested that its internal administration would seem to be well indicated in gastralgia, œsophagitis, ulcer of the stomach, and other irritable conditions of the gastric organ; and probably a trial of cocaine in such cases would develop a wider range of usefulness, and thus greatly enhance the value of a drug that has already become indispensable in surgical practice.

* * *

Although the clinical thermometer has been in very general use for the last fifteen years, many physicians seem to be unacquainted with the proper method of controlling this valuable auxiliary to the healing art; hence, the following

hints as to its management may not be out of place:

The greatest difficulty experienced by the novice in handling the thermometer is to get the column of mercury down to or below the normal point. To do this, many have the unskillful habit of attempting to jar it down by striking the hand holding the fragile instrument more or less violently upon the other hand, seemingly unaware that were it not for the slight influence the law of gravitation may exert, the sudden shock or jar would be as apt to send the column up as to cause it to go down; and, although the desired result may be thus obtained, it is only after repeated effort has been made, and the physician has been subjected to considerable delay and annoyance, none the less unpleasant because it is supposed to be unavoidable.

The proper method is to hold the upper end firmly between the thumb and index finger of one hand, with the bulb end elevated, and, with a quick jerky, downward movement (causing the bulb end to describe a semi-circle), the column is *shaken* down to the desired point; repeat this process two or three times. After a little practice, one shake will be sufficient to send the mercury down five or more degrees.

Another point little thought of is the position of the thermometer while in its case; it should always be carried with the bulb end downward, which not only permits of keeping a record of the temperature taken, but renders the instrument less liable to be broken should it fall out of the pocket.

It should also be borne in mind that the temperature cannot be accurately taken in less time than three minutes. In the cheaper varieties of thermometers the column of mercury may rise more rapidly, but they will not register accurately, and should not be relied upon.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Please let me know through the columns of your journal when the hypodermic syringe was invented or first introduced into practice; also, let me know whose electrical machine Dr. Pitzer recommends in his work, and the price of such apparatus.

D. C. PARRIS, M. D.

HILLSBORO, N. C.

Ans.—Dr. Pitzer, in his work, describes most of the standard electrical machines, and points out the particular advantage of each make. You can procure a good Kidder apparatus for about \$20.

EDITOR ADVOCATE:—Will some of your readers give, through these columns, their treatment for catarrh? I have had, recently, a number of cases that have baffled me, and if there is a specific for this disease, I would be very glad to know it.

J. G.

EDITOR ADVOCATE:—I have seen in your columns the inquiry for a remedy for leucorrhœa, and, having found one that has given me unusual satisfaction, I thought your readers might like to know it. It is a preparation of tar, made by a man in Buffalo, and is known as Mason's Solution of Tar. It exerts a great influence over all diseases of mucous membranes, and in leucorrhœa has cured when all the other vaunted medicines have failed. I use it by putting a tablespoonful in one-half pint warm water, and using as an injection after thoroughly cleansing the vagina. In some cases I have used it rather stronger than this on cotton tampons. Of course, if there is general debility it must be met with tonics and restoratives. It is a solution of tar, not tar water. So far as I know, it is not a proprietary medicine, but can be found in many of the drug stores of that city, and possibly elsewhere.

D. P. WOOSTER, M. D.

CORRY, PA., Jan. 22, 1884.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

FOR CHRONIC OPHTHALMIC DISEASES.

℞. Rock salt, - - - 3 iij.
Zinc sulph., - - - 3 j.
Ferri persulph., - - - gr. viij.
Aque dist., - - - Oj.

M. Use as an eye-water. This will prove useful in cases where a stimulating collyrium is indicated.

FOR GONORRHOEA.

EDITOR ADVOCATE:—I herewith send you a prescription I frequently make use of in cases of gonorrhœa. It will invariably cut short the complaint if used in the first stage:

℞. Fl. ex geranii mac., - - - 3 j.
Aque, - - - 3 j.

M. Use as an injection.

J. LANGBEIN, M. D.

A STOMACH TONIC.

℞. Fl. ext. hydrastis, - - - f 3 ss.
Tinct. gentian. comp., - - - f 3 j.

M. Dose, ten drops in half a wine-glass of water three times a day. Useful in any functional derangement of stomach; to restore lost appetite, etc.

AN EXCELLENT WORM MIXTURE.

℞. Olei ricini, - - - 3 j.
Olei chenopodii, - - - - -
Olei anisi, - - - - -
Tinct. myrrhæ, - - - aa - 3 j.

M. Dose for an adult, one teaspoonful three or four times a day for three days; to be then followed by a cathartic.

FOR LOCAL USE IN ERYSIPELAS.

℞. Fl. ext. viratrum vir., - - - f 3 j.
Aque, - - - - - f 3 ss.

M. Apply to the affected part with a camel's-hair brush. This is a valuable adjunct to whatever internal treatment may be adopted.

FOR ACUTE RHEUMATISM.

Prof. Clarke treated eleven cases successfully with the following formula:

℞. Acid salicylic, ... 3ij.
 Soda bicarbonat., ... 3ij.
 Glycerine, ...
 Aquæ, ... aa . . . 3ij.

M. Sig. One tablespoonful every two hours the first day, and afterward the same dose six times a day. No unpleasant effect of any kind was noticed after the administration of the medicine.—*Med. Record.*

TREATMENT OF GOUT.

In all the forms of gout, Dr. Granville has given the following formula with such success that he recommends its trial by others. He never gives colchicum:

℞. Ammonii chloridi, ... 3iv.
 Potassii chloratis, ... 3ij.
 Glycerine, ... f3xij.
 Tinct. iodini, ... f3ij.
 Aqua ad, ... f3xij.

M. Dose, two tablespoonfuls four to eight times daily.—*Med. Times.*

TO REMOVE FRECKLES.

The following is said to answer the purpose:

℞. Sal-ammoniac (powdered), 3j.
 Distilled water, ... Oj.
 Eau de cologne, ... f3ij.

M. Apply with the fingers night and morning.

ECLECTIC SELECTIONS.

GNORRHEAL EPIDIDYMITIS. — By E. Younkin, M. D.—Chief among the painful and serious difficulties that present in gonorrhea is the occurrence of epididymitis, or swelled testicle, which is a complication that may supervene early or late in the history of the disease. In the majority of instances the epididymitis is the result of the extension of the urethral inflammation along the ejaculatory ducts; but in some instances the inflammation of the epididymus seems to take place through the law of irradiation or associated sensation.

The first symptom which attracts the attention of the patient is an aching, occasionally of a neuralgic character, along the groin, more frequently on the left side. The vas deferens will be found usually enlarged, and will be tender on pressure. The testicle begins to increase in size, and the pain is followed

by a dull ache and sense of weight. As the testicle increases in bulk the scrotum becomes purplish in color and exceedingly tender and painful.

The patient, when he walks, has a peculiar and characteristic stooping posture, stepping with the legs apart. The dragging of the heavy testicle upon the spermatic cord prevents the free return of blood, and hence serves to increase the tension until the patient really suffers from nausea and abdominal pain.

There is usually more or less febrile movement, and great mental excitement and anxiety. The gonorrheal discharge ceases to a greater or less degree during the epididymitis, but may again be re-established as the swelling subsides.

The inflammation usually terminates by resolution, though in occasional cases, in broken down constitutions, there is suppuration and abscess.

In the treatment of these cases, whatever has been done to the gonorrheal discharge by way of injections should be abandoned. The patient should take the recumbent posture, and the testicles be drawn well up to the pubis by a suspensory bandage. No local applications are specially required.

I recommend the following as the best course to pursue: ℞. Podophyllin, gr.ij; potassa bitart., 3ij. M. Ft. Chart xij. Sig. Take a powder every two hours, until thorough action upon the bowels. The pain usually ceases upon two or three doses of the above, and as the bowels begin to move the inflammatory action recedes. Often no other remedy is required. Podophyllin has a specific action on this disease.

The above powders are repeated as often as occasion requires to keep the bowels open. In the meantime the following may be given to allay anxiety and give rest: ℞. Kali bromidum, 3ij.; chloral hydrate, 3ij.; tinct. gelsemium, 3ij.; syrup simplex, 3ij. M. et S. A teaspoonful to be taken every two or three hours.

Whatever you do, try podophyllin in epididymitis.—*Am. Med. Jour.*

EARACHE IN CHILDREN.—There is no better remedy in the earache of infancy and childhood than atropine in solution. For an infant under a year drop in one drop of a solution, 4 grs. to the ounce, we prefer mixing it with warm sweet

oil. For older children the dose of course is proportionately larger. We have used this treatment for more than a quarter of a century without ever having any untoward effects from it. In adults the remedy is equally efficient in sufficient doses. Repeat in one hour in all cases if needed.—*Geo. Eclectic Med. Jour.*

TREATMENT FOR FELONS.—The application of the Faradic current, the positive pole to the affected thumb or finger, for ten or fifteen minutes, will allay the pain and inflammation. The application should be repeated the next day, and perhaps a third treatment on the following day may be necessary. This treatment in my hands has been sufficient to cure several cases after the parties had lost several nights' sleep on account of the pain, and had been advised to have the finger opened to the bone.—*East. Med. Jour.*

A HYPOTHETICAL CASE. — BY DR. JOHN KING.

Question.—Mr. Officer, who are these men you hold in custody?

Answer.—They are physicians, sir; this one has offended our State Board of Health by having his professional card in the newspapers; that one by not having appeared before the Board to be examined, registered, and pay his fees for the same, previous to having entered into practice.

Q.—Why, I thought every man could advertise his business in this country?

A.—Every one, except doctors. You see at headquarters they call this unprofessional in their code of ethics, and the State Board of Health, having absolute power in these matters, sanctions such ethics.

Q.—Have either of these men injured any one?

A.—Not that I know of. I understand that they have been teaching in order to obtain funds to carry them through college, but their funds are now out, and they have had to do what they have in spite of themselves, hoping to obtain a little money to float them along securely. They each hold a diploma from an Eclectic College.

Q.—A pretty close Union of State and Medicine in these medical laws, eh?

A.—Why, sir, you see we have thirty

odd States in this country, all acting under one United States Constitution; the Legislatures of these States are apt to interpret this Constitution to suit their own views, so that that which is unconstitutional in one State may be constitutional in another, and so on.

Q.—In other words, we have over thirty little governments, each one acting as it pleases under the same general constitution. I see. Excuse me, but who is that person bowing to you?

A.—One of the most notorious thieves in the country; and his companion is one of the most dangerous of men abroad; he has already killed four men, and would not hesitate to kill again on the least provocation.

Q.—Why don't you arrest them?

A.—Arrest them! for what?

Q.—Because, knowing them as you do, they might rob or kill somebody. They are very dangerous men to be allowed running at large.

A.—But I dare not arrest them until they have committed one of such crimes, as they are now at liberty.

Q.—Is that so? and yet these two physicians who have not injured any one, who have neither stolen nor murdered, are arrested for punishment, the one for the criminal act of daring to select a business for himself, without having first published his *business intentions*, and the other for availing himself of the same rights that all business persons have of at least publishing their cards?

A.—Well, sir, you must remember that medicine is a "learned profession"—indeed, so learned that it has called to its aid legislative favor and power, so as to allow no rights or privileges to the poor and less learned in medicine than they, nor to those who, in their estimation, defy their ethics and "*ipse dixit* as an absolute oracle." Their ordinances and their ethics are held superior to our Constitution, and no one is safe who, in medicine, attempts to avail himself of his rights under this Constitution, unless he, at the same time, meekly submits to their unconstitutional demands, or else has such laws repealed or pronounced illegal.

Q.—And why is this?

A.—O, they say, and publicly state, that they mean to elevate the profession by driving out all the "irregulars," it being in their estimation, a crime to think

differently from them in medical matters. They likewise inform us that, at least in one State controlled by such a Board, "the medical profession is on a better basis to-day than it has ever been before, and in that State better than in any other."

Q.—Undoubtedly, because they have full control and do pretty much as they please in making and imposing ordinances, and in favoring or ostracising. It reminds me of the olden times when people were slaughtered for opinion's sake, the slaughterers having their own way, reporting how favorably their cause was progressing, and how they were killing off their victims and the unbelievers. And yet in the very State to which you allude, nostrums appear to flourish, and physicians continue to give certificates commending them!—*Eclectic Med. Jour.*

DYSpareunia or Painful Coition.—By Robert A. Reed, M. D.—In view of the just and proper restrictions thrown around the sexual act, this is a subject of exquisite delicacy. I am tempted to adopt it as a monographic text, because I believe it to be of sufficient importance as a source of unhappiness and disease to merit the attention of the gynecologist. It has recently been brought prominently to my attention by the first of the following cases:

CASE I.—Mrs. W. C., *æt.* 26, married nearly six years, came to me complaining of dysuria and irritation of the urethra, every attempt at sexual intercourse causing great pain and distress. She said that her former physician had pronounced it a case of vaginismus, but the means employed had failed to remedy the trouble. An examination revealed a small caruncle, growing at the urethral orifice, which was exquisitely sensitive and tender to the touch, and which I believed to be the sole cause of the difficulty. The hymen was but fragmentary, though she said that complete intercourse had never taken place, which statement was confirmed by the husband, and it was relief of this condition and the accompanying sterility, that she sought more than of the urethral affection. The uterus was small, and the vaginal canal rather short, its entrance being highly hypersensitive. The growth was removed under an anes-

thetic, and she was for a time apparently cured of a large part of her trouble, but a couple of months later she returned, saying that she was about as bad as ever, and that it was still impossible for her to bear her "matrimonial privileges." A second examination showed that the growth had not been reproduced, as I suspected, but the urethra was still red and inflamed; a more careful examination showed that the vaginal opening was much behind its natural seat, due in part to the unusual width of the pubic arch, an excessive amount of adipose tissue, and also, no doubt, to awkward attempts at intercourse on the part of the husband. Efforts were now directed toward allaying the extreme irritability about the urethra, and dilating the vaginal orifice. The first of these was happily effected by the use of carbolic acid locally applied, while the vulval opening was put somewhat upon the stretch by the ordinary bivalve speculum, and afterward the insertion of a glass dilator which was permitted to remain in position for half an hour at a time. This treatment pursued for a short time, entirely subdued the highly sensitive and painful condition of the parts, and that the result, aside from this, was all that could be desired, I infer, from the fact that I was recently engaged to attend the lady in her approaching confinement.

CASE II.—Mrs. C., *æt.* 28, had been married seven years and had one child. She was apparently a healthy, well-formed woman, but exceedingly nervous and hysterical. She complained that since the birth of her child she had not been "able to be a wife," because she "always suffered such pain when her husband came to her." She had that bane of a woman's life—backache—and was daily becoming more nervous and irritable. Examination revealed a sharply retroflexed uterus which was much congested and very tender. It was replaced and retained in position, at first by cotton and glycerine pessaries, and later one of rubber was borne without difficulty. Her backache soon disappeared; coition became a source of gratification instead of pain, and she is now as well as prior to her confinement.

CASE III.—Mrs. S. E. B., a delicate looking lady, complained of a distressing pressure in the left iliac region (by

the way I have observed that such sensations are far more frequently referred to the left side than to the right) and constant dysuria. She had been married a dozen years or more, but had never been pregnant, and confessed that instead of being pleasurable, intercourse had always been painful and dreaded by her. The uterus and vagina were normal as to size, but the former was sharply anteverted, and any attempt to restore it to its normal position caused decided pain. The finger drawn along the course of the vesical neck also induced much pain, and the urethral canal was highly red and congested, but the urine presented no traces of cystitis. A persistent use of cotton suppositories between the cervix and pubis relieved the feeling of left side pressure, but the dysuria continued to distress her until the urethral canal had been locally treated, first with carbolic acid and later with an iodoform and belladonna ointment. Since then she has been entirely relieved of all her unpleasant symptoms and coition is painless.

The above cases with others which might be cited—every physician of any considerable gynecological experience must have seen many similar ones—have impressed me with the belief that in a very large proportion of uterine disorders, painful coition is a prominent symptom, and one too frequently overlooked by the physician on account of its fancied unimportance, or because it is a disagreeable subject, while it is one to which the patient will seldom allude, without being directly questioned, no matter how great her sufferings may have been, and although it is really the symptom that leads her to seek medical aid. Even a momentary consideration of the female pelvic organs will show us how profusely they are supplied with blood-vessels and sensitive nerves which are ever ready to produce congestion and its accompanying train of symptoms on the slightest irritation or diseased condition.

The various causes that may produce this condition—and their name is legion—need hardly be enumerated to any physician who has seen a fair amount of gynecological practice, still I may mention that it frequently immediately follows marriage, when an unnatural situation of the vulval orifice, together with

awkward and forcible attempts at intercourse occasion urethral irritation and caruncles; or again the ruptured hymeneal membrane may be the seat of irritable caruncles or ulcers, the latter, like anal fissures, being a course of constant distress and uneasiness and having no tendency to heal voluntarily. Such ulcers, or fissures, may also occur when the vagina, though originally sufficiently capacious for marital purposes, has been lacerated during childbirth, and the new cicatricial tissue, being inelastic, tears slightly, leaving an irritable crack or ulcer which will make coitus always painful and to be dreaded on the part of the female. Any of the dislocations to which the uterus is liable, may be a source of pain either from traction upon the uterine ligaments, from pressure upon the vesical neck or urethra, or a misplaced ovary. I believe that retro-displacements are nearly always attended by this symptom—*dyspareunia*—if of long standing. The opposite form of dislocations, however, are not usually so attended, for the reason that the hypersensitive uterine body is thrown forward out of the way of the male organ, while in retroversions or flexions the line of displacement lies directly across that of copulative effort.

Again, whenever subinvolution exists, whether it follow parturition or abortion, and it is even more likely to follow the latter—even when it occurs as early as the third month, a fact which I fancy is often overlooked—than the former, the increased uterine weight and elongated cervix combining to shorten the vaginal canal, and thus expose the hyperæmic and sensitive uterine body to frequent mechanical irritation during intercourse. So too in the peculiarly hyperæsthetic condition at the outlet of the vagina termed *vaginismus*, which generally has for its cause some local inflammatory affection of a more or less acute nature, every attempt at sexual intercourse may occasion almost intolerable suffering to the female. It seems altogether needless for me to even allude to acute diseases of the vagina, the uterus or its adnexa, such as vaginitis, cellulitis or pelvic peritonitis, as a cause of painful coition or *dyspareunia*—a word coined by Barnes, of London.

The design of this paper is simply to hint at the importance of a *symptom*

which is so frequently an accompaniment of uterine disease, and which may from its character not only render the life of the woman a burden to her, but to those around her, and entail barrenness, unhappiness, and even separation as well. I have now under treatment a well-developed young married woman who for some years has suffered from uterine disease, and she says that coitus has for a long time been unbearable; as a consequence her relations with her husband have been altogether suspended, and she is rendered wretched by the fear that he may be tempted to seek gratification elsewhere.

I shall not specifically refer to treatment that may be used in individual cases, but simply express my belief that it is always wise, nay *necessary*, to learn if this *symptom* exists whenever we are called upon to treat any affection of the female genital organs; and if so, we should attempt its relief from the first, even if the cure or alleviation of the prominent disease cannot be effected until a somewhat extended treatment has been pursued; as for instance when an inflamed condition about the urethra or within its canal exists, together with some uterine displacement, we should treat that affection locally or internally as the case may require, while at the same time we apply a mechanical support to the uterus; for in many instances the removal of the original cause may not be sufficient to cure a condition which has become chronic from neglect of treatment.

If the external opening of the female genitals, from congenital, or traumatic cause, appears abnormal in situation or size, we should by gradual expansion and the use of dilators, increase its capacity and thereby prevent injury to the exposed parts; or if a subinvolted uterus, from increased weight and relaxation of its supports, crowds its way forward into the vaginal passage, and presents, in addition, a cervix lacerated from previous labor, we should, while pursuing the ordinary treatment, give it rest and support by means of a well-fitting pessary; and, finally, we should in every instance seek, after properly explaining to our patients, the nature and cause of their ailment, to afford the utmost rest possible for the affected parts, by restricting, in a measure, sexual connection,

which is likely to be persisted in from habit or from desire that sterility may be overcome.—*Mass. Eclec. Med. Jour.*

HOMCEOPATHIC SELECTIONS.

RESEMBLING ACUTE BRIGHT'S DISEASE — Child of C. N., a sprightly little girl two years old: Symptoms, yellowish white discharge from the left ear, profuse lacrymation from right eye, and some white, clear mucus flowing over the eyelid and cheek that seemed to be blood. The under lid of right eye appeared like a water-bag, and the whole face was puffed and rather transparent; the right was much the worse of the two. The child looked sickly and cried much. The mother stated that it had not been well for several weeks. While thinking over Apis and Ars., I began to look for agg. by warmth, etc., when I was informed that the child could not endure any covering, and she was thirstless, which excluded Arsenic from further consideration. The mother believed the urine to be scanty but she was not certain, but says she, "Her water smells strong, like that of a horse." Nit-ac. ¹⁸⁰⁰ (Jenichen), and we soon cured the case, ear discharge and all, in the surprisingly short time of a few days.

This was not a case of *acute Bright's disease* following scarlet fever, but much like it. Every physician living in this malarial climate must have observed the same anasarca and otorrhoea following malarial attacks, home-treated or neglected. The dropsical condition follows all kinds of malarial attacks, and particularly this ear complication, associated with kidney disease. But will some astute pathologist inform me why nitric acid cured this case so promptly if on other grounds than that it was the *simillimum*? These cases all die when not properly treated! They all recover promptly on a few doses of the appropriate remedy.—*Hom. Physician.*

SPIREA ULMARIA IN ENLARGED PROSTATE, AND OTHER GENITO-URINARY DISEASES.—By E. M. Hale, M. D.—In the April number of the *Revista de Medicina y Cirurgia Practicas*, April 22, 1884, is an article on this plant which is worth remembering. The common name of this plant is "meadow sweet" or "queen of the meadow," on account of its beauty and perfume. We have

several species in the United States, one of which is called "queen of the prairies." There are five other species of this genus growing in the United States. Only one is mentioned by King (Disp.), the *Spirea tomentosa* (Hardhack). The *spirea ulmaria* of Europe may have the same medicinal qualities as the *spirea lobata* of the United States. Gray places the latter in the subgenus "*Ulmaria*," and mentions the *spirea ulmaria* of Europe in a footnote.

The *spirea ulmaria* (meadow sweet) is thus described: "A herbaceous plant with pinnate leaves, having a large, terminal lobe; erect, slender, rigid stems, about two feet high, and terminal, dense corymbs of white, highly fragrant flowers.

The *spirea lobata* (queen of the prairies), according to Gray, is "glabrous (two to eight feet high), leaves interruptedly pinnate, the terminal leaflet very large, seven to nine-parted, the lobes incised and toothed, the flower in a panicle, compound clustered on a long, naked peduncle. The flowers are of a deep peach-blossom color, handsome—the petals and sepals often in fours."

We have one species, *spirea corymbosa*, which comes more nearly to the *spirea ulmaria*, and has white flowers, but not the peculiar lobed leaf of the European species.

Wood gives seventeen species in the United States and Europe. The *spirea ulmaria* is cultivated in this country in gardens, and the tincture can doubtless be made from plants procured here. European and English writers mention the *spirea ulmaria*, in about the same words as King uses when writing of the *spirea tomentosa*, namely: that the juice is a "powerful astringent," nearly as much so as Catechu, and both are used for tanning hides. I think all the species possess this astringent principle to a great extent, and it is probable that all may be equally useful in diseases of the prostate. But I will quote what the Spanish physician says of the European plant:

"It is destined to occupy an important place in the therapeutics of disease of the genito-urinary apparatus. He has administered an effusion of this plant to patients with enlarged prostates in whom urination, or the passing of the catheter, was very difficult, and within

half an hour they urinated abundantly and freely. It is diuretic, astringent, and anti-spasmodic, and exerts a special action on the sphincter of the bladder, spasm in which it relaxes."

I propose that our indigenous species be tried in practice, and then we can compare the results with those claimed to have been obtained with the foreign plant.

In Allen's Encyclopedia of Materia Medica is to be found an extensive proving of *spirea ulmaria*, by Dr. Bojanus, with the tincture of the fresh root, in doses from two to sixty drops. It gives only one symptom of pain—"a burning of the orifice of the urethra while urinating during stool." But the appearances of the urine were peculiar and interesting, but too extensive to be quoted here. The most that can be made out from a study of it is, that a large quantity of *urates* were eliminated in the form of "iridescent and oily films," and "red, sandy deposits" of uric acid.—*Medical Era*.

THE UTERINE SOUND: ITS USE AND ABUSE—By Heyward Smith, London.—The sound, as a gynæcological instrument, is not less useful than the speculum, although its use is attended by more danger. Its development into the form now in use is the result of gradual modification of an early instrument resembling the lithotrite. One great error in these early forms is that of having the notches for measurements of the uterine cavity on the interior curve of the instrument. Improvements followed in making the sound of malleable metal, in placing the markings for uterine measurements on the exterior curve, and in changing the gradual curve by making a distinction of the uterine from the vaginal portion, in placing the former at an angle to the latter parts; this angle being at a distance from the uterine end corresponding to the measurement of the normal uterine cavity. To this has been added an improvement by Dr. Protheroe Smith in the shape of a handle parallel to the uterine course. The use of this is apparent in the fact that by noting the direction of the handle, the position of the uterine cavity relative to the pelvis may be accurately ascertained.

In speaking of retroflexions, we must

allow that the sound is of great value, both therapeutic and diagnostic. The replacement should not be accomplished by the sound alone, but should be aided by the finger behind the cervix. As the uterus assumes a normal position, the finger should be brought on to the anterior surface of the cervix to steady it in that position. This manoeuvre must be conducted slowly and gradually, care being taken not to cause the uterus to rotate through a semicircle. To avoid this, the leverage must not fall upon the handle of the sound, but upon the centre. This use of the sound in reposition has been somewhat changed, by adding a joint at the angle of union of the vaginal to the uterine portion, for the purpose of moving the latter portion by means of a screw and ratchet. The best form of this reposer is that in which the ratchet and screw can be disengaged so that the instrument may be used as an ordinary sound. It must be borne in mind that uteri in the condition of retroflexion are subject to hyperemia, congestion, and in many cases inflammation. These conditions must be corrected before attempting a reposition.

As an instrument of differential diagnosis the sound is invaluable. In various tumors of the pelvic organs, the extent to which they encroach upon the uterine cavity, their adhesions or non-adhesions to the uterus, as well as their relations to it, may be ascertained. Further than this, in diagnosis, the sound becomes, as it were, a prolongation of the finger, being used as an organ of touch, especially in ascertaining the condition of the uterine cavity. In using the sound with regard to differential diagnosis, information is sought as to the length and character of the uterine cavity, the position, mobility, and relations of a neoplasm, and the ease with which the instrument penetrates the canal of the uterus.

In diagnosis of adhesions of a tumor to the uterus, pass the sound into the uterus, then by moving the tumor, if attachments exist, the handle of the instrument will move in accordance as the uterine extremity is carried to and fro by the tumor's dragging upon the womb.

In the introduction of the sound, different modes have been advocated by

various writers. My usual method is to stand behind and over the patient as she lies on her left side, pass the right hand and introduce the sound with the left hand, using the finger of the right as a guide. The especial advantage of this mode lies in the fact that in standing behind and over the patient, one can picture in the mind the relations of the direction taken by the sound.

Special modifications of the sound have been made, giving applicability to its various uses, both therapeutically and diagnostic. But some of these become a positive disadvantage in depriving it of its delicacy. Mechanical intervention between the part to be examined, and the touch becomes a disadvantage, which increases as our instruments become more complicated. Our most useful therapeutic modification is probably that for dilatation; a dilator should have a straight uterine portion, the disadvantage of the curve being in the fact that in the introduction of medical applications, cauteries, etc., after dilatation, they are best effective if carried into the uterus in a straight line. A last addition to uterine dilators is that of *McNaughton Jones*, consisting of a small bulbous portion, then a contracted part, and finally of a larger bulb.

One drawback in the use of this dilator is that it produces too much unnecessary action in the cervix; first a dilatation, then a contraction, and a final dilatation. The dilator as used in Soho Square Hospital consists of a straight uterine portion of two and one-half inches, placed at an angle with the vaginal portion, the point being slightly conical. This form of dilator has given us great satisfaction; by the use of a graduated series, we can produce a sufficient dilatation for therapeutic purposes in about one minute, in uteri that have borne children.

In *resumé* we may safely say that the sound is one of the most useful gynecological instruments for differential diagnosis, for flexions and versions, for touch and diagnosis of the uterine canal. It should be handled carefully, not used (as an early writer claims, in horror) as a "uterine poker," but with as light a hand and as careful a touch as a male catheter. — *Homœopathic Journal of Obstetrics*.

PERISCOPE.

A CRIME PECULIAR TO A PHYSICIAN.—By Henry A. Riley, Esq., New York.—One of the most disgraceful crimes which a physician, in his professional capacity, can commit, is the taking advantage of the confidence of a female patient when advice is sought for troubles peculiar to the sex, and by force or fraud making a criminal assault upon her for the purpose of sexual connection. An act of this kind, so peculiarly dishonorable to the physician, and so unfortunate in its possible results to the patient, is not impossible when one considers the passions of men, but it is a matter for congratulation that charges of this sort are so comparatively rare. The general standard of morality and professional honor is so high that the law books contain few cases on the subject. There are some, however, and it may be well to call attention to several of them. It may be said, in general, that the crime is universally regarded as a most serious one, and in most of the States is declared to be a rape. There has been some discussion in a few of the cases as to the question whether the submission of the female to the act did not lower the grade of the crime, and either make it merely an assault, or else warrant the conclusion that there was consent on her part, and thus take it entirely out of the category of crimes. This view is not generally taken, however, and at the present time perhaps only in those States where the statute requires the element of force to constitute the crime of rape. An instance of this view of the subject will be referred to later.

One of the first cases on the question is Regina's case, an English one, occurring in 1850, and reported in 1 Denison's Crown Cases, 580. Here the patient was a young girl, only fourteen years of age, who had been placed under the physician's care in consequence of illness arising from suppressed menstruation. The treatment adopted did not seem to accomplish the result, and, as the evidence states, he told her that he must try some further means, he then took hold of her and had sexual connection, no resistance being made by her, believing, as she stated, that she was submitting to medical treatment for the ailment under which she labored. Upon the trial, the magistrate said that she

was of the age to consent, and if she did, the defendant ought to be acquitted; but if she was ignorant of the nature of the act, and thought it was a part of the proper medical treatment, it amounted to an assault.

The jury found the physician guilty, and he was sentenced to eighteen months' imprisonment. The case was then appealed, and the propriety of the conviction came up for review before a higher court, where it was affirmed. The Court said:

"The finding of the jury is clear. They are told that if they think she consented to the carnal connection they must acquit, that the girl was competent to consent, and that it is a question for them whether she did or no. The girl is fourteen years of age. She might at that age be ignorant of the nature of the act morally as well as physically, and of its possible consequences. It is said that as she made no resistance she must be viewed as a consenting party. That is a fallacy. . . . The prisoner disarmed her by fraud. She acquiesced under a misrepresentation that what he was doing was with a view to cure and that only, whereas it was solely to gratify the passion of the prisoner. How does this differ from a case of total deception? She consented to one thing, he did another materially different."

In this case the prisoner's counsel suggested that perhaps the act of sexual connection was in reality part of the medical treatment of the case, and that it should have been left to the jury to decide this point. The Court with some emphasis said in regard to this defence that it certainly was not left to the jury and need not have been. "The notion that a medical man might lawfully adopt such a mode of treatment is not to be tolerated in a court of justice."

In the case of Regina vs. Stanton, 1 C. and K., 415, another English case, there was an indictment for an assault with intent to commit a rape, the physician having obtained access to the person of the woman under pretence of administering an injection, and commenced to have carnal connection with her. when she, discovering it, got up and ran out of the room. Upon this state of facts a conviction was had for assault.

In *Queen vs. Flattery*, 2 Q. B. D., 410, decided in 1877, the charge was that of rape, and the defendant was convicted under the following circumstances:

The prosecutrix, a girl of nineteen, was "subject to fits," and she and her mother consulted the defendant in regard to her case. He made an examination of her person and advised that a surgical operation be performed, and under the pretence of performing it had carnal connection with her. The Court said in this case:

"It is plain that the girl only submitted to the defendant's touching her person in consequence of the fraud and pretences of the prisoner, and the only thing she consented to was the performance of the surgical operation. Up to the time when she and the prisoner went into the room alone, it is clearly found that the only thing contemplated, either by the girl or her mother, was the operation which had been advised; sexual connection was never thought of by either of them. And after she was in the room alone with the prisoner, what the case expressly states is that the girl made but feeble resistance, believing that she was being treated medically, and that what was taking place was a surgical operation and nothing else. It is said, however, that having regard to the age of the prosecutrix, she must have known the nature of sexual connection. I know of no ground for such a proposition. And even if she had such knowledge, she might suppose that penetration was being effected with the hand or with an instrument."

The case of *Santiago Don Moran vs. The People*, 25 Mich., 356, tried in 1872, is an apparent exception to the general rule that submission under the idea that the act is a part of the medical treatment constitutes a rape, but here the decision is based upon the words of the statute, which expressly say that force is necessary to create the crime of rape, and the Court would not stretch the words of the statute to cover the case.

The facts of this case were quite peculiar. The defendant was a physician practising in the city of Detroit, and a girl, sixteen years of age, was brought to him to be treated for consumption. He made an examination and then in-

formed her that the "whites" had collected in her stomach, that she was ulcerated, that her uterus was inverted, that to save her life it would be necessary to enlarge the "parts" so that the "whites" might pass off; to break the ulcers and turn the uterus; that he could do this with instruments, but the operation would probably kill her; that the only way would be for him to have carnal connection with her. When she objected, he told her that it was what he did to all women who came to be treated by him. He said he had told her father it would be necessary, and he had authorized the defendant to have connection with his daughter. Upon such representations as these she allowed him to have intercourse with her.

When these facts became known the physician was indicted for rape, and convicted, but upon an appeal this verdict was reversed, and a new trial granted, on the ground that no force was used. The Court said:

"Upon extract principles of right and wrong a sexual connection obtained by falsely and fraudulently personating the husband of a woman or by a physician fraudulently enticing a female patient to believe such connection essential to a course of medical treatment must be considered nearly, if not quite, as criminal and prejudicial to society as when obtained by force or any apprehension of violence, and it might, and in my opinion would be, judicious for the Legislature to make some provision for punishment in cases of this kind, but it is not for the judiciary to legislate by straining the existing criminal law to bring such cases within it."

The latest case on the general subject is one just tried in Indiana, and found in the last volume of Reports (*Pomeroy vs. State*, 94 Ind., 96). Here it appeared that the patient was suffering from a disease of the womb, and the physician, while examining her person, had sexual connection with her. He was tried for the offence and found guilty of rape. The Court said:

"The evidence tends to show that the appellant, as a physician, informed Rebecca and her mother that the former was suffering from a terrible womb disease and was losing her mind. If the jury believed, as they might well have done from the evidence, that the appel-

lant, as physician, obtained possession and control of Rebecca's person under her mother's command, for the purpose of making a further examination of her alleged disease of the womb, and not for the purpose of sexual intercourse, and that she never in fact gave her consent, through fraud or otherwise, to the sexual connection, then it seems to us that the appellant was lawfully convicted of the crime of rape."

The sentence was therefore affirmed.

These cases will go strongly to show the comparative infrequency of the crime, and also that the courts in general regard it as belonging to the highest grade of crimes of that nature, and punish it severely whenever the guilt of the physician is fairly made out.—*The Medical Record*.

WITCH HAZEL AS A HEMOSTATIC.—Dr. W. O. Bridges thus writes in the *Therapeutic Gazette*:

"The editorial reference in the August number of the *Gazette* on witch hazel in menorrhagia, attracted my attention on account of the seemingly beneficial results which have followed the use of the drug in various forms of hemorrhage, in my recent practice. I was prompted to its use by Ringer, who recommended it in all varieties of passive hemorrhage, his favorable results having been obtained with it particularly in hæmaturia and bleeding piles. Within the past few years I have prescribed it for bleeding piles, menorrhagia, and continuous bloody oozing from the uterus four weeks after confinement. In each of these cases there was no further trouble after twenty-four hours. The doses which I gave were somewhat smaller than those referred to in your article. I followed Ringer's plan of giving two drops of the fluid extract hourly. I was skeptical in regard to its use at first, but inasmuch as no other remedies were prescribed at the same time in the cases referred to, nor even rest enjoined, I was inclined to give witch hazel the credit. Other uses for which Ringer recommends its trial are pulmonary hemorrhages, hæmatemesis, and varicocele."—*Med. and Surg. Reporter*.

A METHOD OF REDUCING TEMPERATURE.—Stephen (*Allgem. Med. Centr. Ztg.*;

St. Petersburg Med. Woch.) says that the application of ice-bags over the supra-clavicular regions during fever is followed by a marked reduction of the temperature. In several cases of typhoid fever treated in this manner he was able to control the fever, while the sensorium remained clear. The explanation offered is that many large superficial veins are situated in the neck, and that by the direct application of heat to them the temperature of the blood is lowered rapidly.—*British Med. Jour.*

THE AUTOPSY.*—I. *Opening the Abdomen and Thorax*:—The operator stands on the right side of the cadaver, and should not change his position till this operation is finished. As a general rule, in dealing with double organs, the one on the left should be examined first. Thus the supra-renal capsule and kidney on the left side should be examined previous to those on the right.

The section of the soft parts is made by a single continuous incision, commencing at the supra-sternal notch and passing to the left of the umbilicus to the pubes.

At the level of the thorax the first stroke should go to the bone, but over the abdominal cavity the incision should be arrested in the thickness of the muscles. In making this first incision the knife should be held in the full hand and horizontally, so as not to injure the subjacent organs.

Incising the integument without using the point of the knife is sometimes facilitated by slightly raising up the skin.

A. *Laying Open and Inspection of the Abdominal Cavity*:—For completing the opening into the abdominal cavity, a penetrating incision is made through the peritoneum, sufficiently large to permit the introduction of two fingers which, separated in the shape of a letter V and used to slightly elevate the parietes, facilitates the complete section of the parts covering the abdominal organs without injury to the latter.

At this point, and continuing as the section of the abdomen proceeds, there may be some escape of fluid, as, for example, in the case of ascites. The loss

*From a Manual on the Technique of the Autopsy.

of this fluid may be prevented by skillfully directed pressure, by means of which it may be collected in a glass graduate.

When the incision through the peritoneum is large enough to admit the graduate, enough of the fluid is dipped out to prevent the possibility of further escape. This method of procedure, which is indispensable when the quantity of fluid is to be accurately measured, is also absolutely necessary when the autopsy is conducted at a private house, where it is desirable not to soil the objects about the cadaver. It is, of course, understood that the presence of gas is to be determined at the moment of opening the peritoneal cavity.

After completing the median incision, the operator makes a transverse incision from behind forward, through the pubic insertions of the recti muscles. The abdominal walls can now be much more easily drawn aside in all directions. The condition of the inguinal canals and, in the female subject, the canals of Nuck, should be previously examined with the finger to determine the presence of hernia. Now seizing between the thumb and the fingers, resting on the ribs, the abdominal parietes at the level of the false ribs, the soft parts are stretched upwards and outwards, and by cutting parallel to the ribs, the muscular insertions are detached; then, the knife being held in the full hand and inclined at an angle of 45°, the parts covering the left thorax are detached by a shaving motion to a distance of five or six centim. beyond the junction of the costal cartilages with the ribs. The peeling of the thorax should be made by sweeping cuts and by pulling, never by a process of dissecting.

This manœuvre is facilitated by the left hand passing from pronation to supination, and as a result, in rolling up the abdominal parietes, aids in detaching the soft parts.

The operation is conducted in the same manner on the right side.

The eye should always follow the knife. Any anomalies should be noted and dictated. The state of the skin, subcutaneous fat, muscles (their aspect, color, thickness, cedema, ecchymosis, abscess, etc.), any lesions or tattooing of the chest. The mammary glands

may be examined from their under surface.

We have thus drawn back from every side the soft parts covering the thoracic cage in front, as well as the organs contained within the abdominal cavity.

After having examined the umbilical vessels, the operator should determine whether the liver corresponds in height with the false ribs, or whether it is elevated, and to what extent. Then passing the hand in front, between the liver and the diaphragm, the height is noted in the right mammary line. This manœuvre also serves to determine whether adhesions exist between the liver and the neighboring parts, whether it presents creases from corsets or the action of respiration. If the diaphragm be percussed from beneath, a sense of fluctuation is sometimes obtained. The height of the diaphragm is determined in a like manner on the left side. Now proceed with the simple inspection of the abdominal organs. Without disturbing anything, and by means of sight alone, make note of the parietal peritoneum and the everted abdominal parietes. Note the position of the great omentum, bladder, intestines, colon, sigmoid flexure, stomach, etc. The color of the abdominal organs should be noticed, not forgetting that the blood, even after death, does not lose its power of absorbing oxygen, and thus altering in some degree this feature. Raising up the great omentum, its contents are examined, its adhesions, etc. Examinations are made as to inguinal or crural hernia, whether the peritoneum covering the intestinal convolutions is polished, or without its normal lustre, vascular, hyperæmic, covered with false membranes or granulations; whether it is tuberculous or cancerous. Examine the vermiform appendix for perforations or adhesions; the cæcum for signs of perityphlitis; terminal portion of the small intestine for perforations, discolorations or spots of miliary tubercles which would indicate the existence of typhoid or tubercular lesions of the mucous surface.

In raising up the mass of intestines regard should be had as to the existence of volvulus or invaginations. (Some of these may have been produced at the moment of the death agony, and can be distinguished by the absence of adhesions or

discoloration. Then note is made of the remaining fluid in the abdominal cavity, its character, color, etc. The absence of fluid should be noted—this can only be determined after an examination of the pelvis. Any foreign or detached bodies should be noted.

This examination cannot be resumed after the opening of the thoracic cavity and the section of the organs, for it is then impossible to prevent blood and other fluids from running in and soiling the abdominal cavity.

In the female the uterus is examined as to its form, situation, direction, and its volume. Normally it is found in right lateroflexion, anteverted and slightly antiflexed. Note the Fallopian tubes, the ovaries and ligaments. The right round ligament is ordinarily the shortest.

The culs-de-sac should be examined without cutting.

When death has occurred during or shortly after menstruation, a small quantity of blood from the ruptured Graafian follicle will be found in the pelvis not infrequently.

In examining the mesentery, move the intestines as gently as possible, observing their normal position. Note any bridles which may have existed, and any possible hernia into the retroperitoneal cul-de-sac. The mesentery, seized at its posterior insertion, between the thumb and palm of the left hand, presents the form of a fan, on which may be displayed to view successively the different parts.

Observe any discolorations and thickenings; great importance should be attached to the examination of the glands and their state, and if any injuries exist, the determination of their exact situation may enable us to determine that a particular tract of intestine must be in a pathological condition.

Any more thorough examination should be postponed till after the opening of the thorax, and no incision or manoeuvre should be allowed which will not permit an ulterior examination of any existing lesion.

Lateral abdominal or thoracic incisions should not be made, as they fail to give a thorough view of the soft parts which constitute the parietes. Moreover, the abdominal organs are more easily injured by such a method, and the

contained fluids can more readily escape, both during and after the autopsy. They should only be employed in very special cases, *e. g.*, when close adhesions with subjacent organs exist, or when it is desirable not to alter the relation of the part of the parietes which is wounded with the adjacent regions, and then the examiner should be content with a limited exploration.

Finally, let us pass to the inspection and then the examination of the thorax.

B. Opening and Inspection of the Thorax.—If any distortion of the intercostal spaces or diaphragm lead to the supposition of pneumothorax, its existence may be tested by pouring water into the trough formed by turning up the thoracic parietes opposite the ribs. If the intercostal spaces be now punctured under the surface of the water, any escaping bubbles of gas may be noted.

The knife being held horizontally, the cartilages are divided with a single sweeping cut, repeated if necessary, several millimetres from their junction with the ribs. The knife is not allowed to stop at each cartilage, but leaps, so to speak, from one to the other in its sweep.

If the cartilages be ossified, they may be divided more readily by the use of the ordinary pruning-shears than with the costotome. In such a case the ribs may be divided a little external to their cartilages, thus giving a wider opening into the thorax.

Next in order the clavicle should be separated from the sternum and first rib; for this purpose a scalpel with narrow blade answers best. The sternal fascia of the sterno-mastoid is divided transversely.

Then with the knife held vertically, the joint is entered, describing a curve with the concavity outward.

Arriving at the anterior and postero-inferior angle of the clavicle the knife may be arrested by the projecting parts about those angles, which may, however, be easily passed by giving the knife a few lateral movements. By drawing the scalpel towards himself the operator severs the costo-clavicular ligament and the costal cartilage of the first rib; the latter, however, is best divided separately, or at a little distance from the costo-chondral junction of the second rib.

In case of ossification the pruning shears may be used. Great care is required to avoid injuring the subjacent vessels.

Seizing the sternum by its inferior extremity, the connections of the diaphragm with the costal cartilages and the xyphoid are severed, then raising the sternum, it is separated from the mediastinum by shaving loose the under-side of it in such a manner as not to cut the great vessels, which are, however, often injured in spite of all precautions. Nevertheless, there will always be time enough to inspect the pleural cavities before they become soiled with blood, but it is a wise precaution to have an assistant compress the wounded vessels with a sponge or with the fingers till this inspection is satisfactorily completed.

It is ordinarily unnecessary to cover the borders of the thoracic opening with the skin of the parietes, except where, in consequence of ossification, the ribs have been severed with the shears. The use of cloths, etc., is to be rejected.

By passing the hand first on the left side and then on the right, between the lung and the chest wall, the existence of old or new adhesions may be determined. The situations of these should be noted, as well as the character of any abnormal contents of the thoracic cavity (odor, coloration, quantity, density, etc.)

Attention is then directed to the amount of retraction which the lungs undergo, to any adhesions within the pericardium, to the persistence or not of the thymus. The connective tissue of the anterior mediastinum is sometimes the seat of pronounced cedema. Abscesses may be found here, proceeding from the cervical region and communicating between the connections of the diaphragm with the ensiform cartilage, with the cellular tissues of the abdominal cavity. Note the condition of the glands, existence of tumors, etc.

Artificial emphysema located in the region of the pericardium, and caused by the elevation of the sternum or by putrefaction changes, may exist. These are to be distinguished from true emphysema by the extension of the latter to the upper mediastinum and cervical region.—(*Le Progres. Médical.*)—*Cin. Lan. and Clinic.*

NERVOUS DERANGEMENT OF THE HEART.

—Milner Fothergill, in a paper on the subject, says: The organic diseases of the heart usually force themselves upon the notice of the patient by some indirect symptoms—as shortness of breath on exertion—rather than directly. With the neurosal affections, on the contrary, the attention is drawn to the heart directly and immediately. This constitutes a broad line of demarkation between disease and disorder of the heart. The first form of disorder was intermittency, a halt in the rhythmic stroke of the heart. As such, it is a mere “neurosal halt,” though it is not uncommonly found in elderly men who may at the same time be the subjects of degenerative changes. In these cases, when the halt is increased by an effort, it has a suggestive value; even then the halt is usually less felt by the patient than is the true neurosal halt without any disease. Sometimes the halt is found in the radial pulse, when the heart's stroke can be heard; this tells of an arterial blood-wave too feeble to reach the radial artery. Then palpitation not linked with effort, but coming on at other times when quiet is being observed, or even waking the patient up from sleep, is neurosal in character, though having varied causal relationships. Not rarely it is due to some disturbance in the reproductive organs, especially in women. Pain in the side often co-exists with attacks of palpitation, and then the sufferer is sure her heart is “affected.” Such “reflex palpitation” is commonly met with. Then there is the “tumultuous” or “badly behaved” heart, whose action is never calm, often a simple nuisance to its owner; there is, too, disturbed action of the heart from indigestion. Then the heart's beat may be slowed by the action of the “inhibitory” fibres of the vagus nerves, or hastened by some action of the “accelerator” fibres. In the latter case the heart may run off suddenly at the rate of 200 per minute for some hours, ceasing as rapidly as it began. The opposite condition is also present in some cases, though more persistent in others. Great disturbances of the heart's action, which is often markedly enfeebled, are found with latent gout, usually relieved by an attack of regular gout. Then there is the “irritable heart,” where, though the condition

is truly neurossal, there is distinct inability to maintain effort. This is the result of much hard work and mental strain condition, and is commonly seen in medical men. There are also the "smoker's heart" and "tea-drinker's heart," well recognized disorders; truly "toxic" derangements of the heart. Angina pectoris (vaso-motoria) may occur with a heart still structurally sound, or in one where fatty decay is established. In the first it is of comparatively little importance; in the latter it is fraught with danger to life. The treatment of neurossal complaints is as different as their nature.

LOCAL TREATMENT OF SKIN DISEASES.—

In his letter to the *Edinburgh Medical Journal* for October, 1884, Dr. W. Allan Jamieson described a number of new devices for treating skin diseases, exhibited at the recent International Medical Congress, at Copenhagen, by Dr. Unna.

The first of these was what he calls "salve-muslin;" thin pliant rolls of muslin, or thin cotton, spread on one or both sides, very smoothly and perfectly, with various salves. These salves are so compounded that they do not run, and are thoroughly incorporated with the muslin. In this way pieces of suitable size, and containing ingredients suitable to the case, can be cut off and at once applied. They accommodate themselves to all the sinuosities and inequalities of the parts and at the same time adhere closely; those salve muslins, which are spread on both sides, and, therefore, contain a large quantity of the ingredients, are efficient for a longer time than those merely treated with the unguent on one surface.

Unna showed on a person present the way in which the zinc salve muslin, one of the most ordinarily applicable forms, can be fitted to the fingers or to the spaces between the fingers by making slits in the piece and then drawing it on; to the forehead, the cheek, and wrapped around a tube of oiled paper, to the inside of the nose. Iodoform salve muslin can, in like manner, be applied to the glans penis. More adhesive, owing to a basis of gutta-percha or india-rubber, the plaster muslins were next described; these are beautifully flexible and admit of close adhe-

sion. Of these, the mercurial and salicylic plasters attracted the most attention.

The glycono-gelatines were next exhibited. These are soft and hard, and when employed are melted by means of boiling water in a vessel, in which the can containing the gelatine is placed, and when melted a layer is painted with a brush on the surface on which it is desired to make the application, and allowed to become hard. A formula for a generally useful one is:

℞ Zinci oxidi,
Gelatini puri, aa 10,
Glycerini,
Aquæ, aa 40.

This Unna recommends for eczema of the bend of the elbow. Pencils of iodoform were also shown, which, when dipped in water, could be used to touch a sore more or less lightly; and others made, like those recommended by Bulkley, by Mielk, of Hamburg, of adhesive substances which, heated in a flame and then pressed closely to the skin and pulled rapidly away, could be used to replace depilating forceps.

THE DISADVANTAGES OF GLYCERIN AS A SOLVENT.—Vigier (*L'Union Pharm. ; Memorabil.*) calls attention to the fact that, although glycerin is a valuable solvent, it should not be allowed to supercede fats in the preparation of ointments, for it is not absorbed through the skin. As a result of numerous experiments upon himself, he states that strong solutions of potassium iodide, morphine, atropine, and corrosive sublimate in glycerin not only fail to produce constitutional effects when rubbed into the skin, but do not appear in the urine; whereas, when incorporated with fat in like proportion, they are rapidly absorbed.—*New York Medical Journal*.

MAKING a patient keep his eyes closed while recovering from the ether is a great aid in preventing sickness; for, owing to the patient feeling giddy, any object at which he looks appears to sway from side to side; and this, by itself, is sometimes enough to produce a feeling akin to sea-sickness, even in those who have not been anesthetized.—*Med. and Surg. Reporter*.

PRECAUTIONS TO BE ADOPTED IN THE TREATMENT OF PHTHISIS.—At the International Congress of Hygiene, held at La Haye in September last, the following conclusions were adopted regarding the treatment of phthisical patients, after an interesting discussion upon a report presented by Prof. Sormani, of Pavia.

It is demonstrated that pulmonary phthisis can be, in certain instances, transmitted from the sick to individuals in health. Although the chances of this transmission are limited, prudence requires certain precautions.

1. No one should be allowed to share the sleeping-chamber or bed of a tubercular patient in an advanced stage of the disease. The apartment of a phthisical individual should be constantly aired and ventilated.

2. The danger resides especially in the sputa, which should not be allowed to go on the floor or on clothing, where they may dry and become converted into dust.

3. The sleeping-room, the bed linen, and clothing which have been used by consumptives should always be disinfected. Steam (at 100° C.) and washing in boiling water are the best means of disinfection.

4. Convalescents from chest disorders, and feeble, exhausted patients should especially avoid prolonged contact with the tuberculous.—*Revue de Therapeutique Med. Chir.*

PATHOLOGY OF DIABETES.—Professor DaCosta is not satisfied as to the reason why sugar is found in urine, and considers neither the theories of a diabetic centre nor defective liver to be a satisfactory explanation of all cases.—*Col. and Clin. Rec.*

AMATEUR DOCTORS.—Amateur doctoring is exceedingly common. Great as is the number of ailments which every year are professionally treated at the institutions for which special appeals are to be made all over London, it may be doubted whether the cases in which amateurs every year try their hand at setting right the rickety human machine, are not vastly more numerous. Such efforts are especially common in the lower middle class. The wealthier and more intelligent are of course chary of

everything but the best professional advice in matters of health, and the poor are wonderfully ready to run to the hospital and dispensary. It is not that they are averse to amateur treatment—far from it. The well-known story of the cabman who nearly killed himself by swallowing some sort of black draught which had been left in his vehicle, and which he thought might do him as much good as the “party it was meant for,” is by no means an exaggerated illustration of the ludicrous readiness with which the more ignorant of the population will take anything in the nature of physic if they are in the slightest degree indisposed. To go to the chemist for medicine, however, is an expensive proceeding for them, and when they need doctoring, therefore, they do not often doctor themselves, but they go to the hospital. People a little above them in their station of life are able to buy their own medicines, and find it cheaper to do so than to waste their time at the hospital, or to go to the private practitioner; and if constant practice in drug-giving and dosing would make physicians, probably a good half of the population might be entitled to the “M. D.” If this should appear to be a somewhat exaggerated view to take, let one indisputable fact be pondered over. Last year the duty paid in this country on patent medicines amounted to £150,000. If we reckon the selling value of the medicine at about eight times this, we have for this one class of medicines alone a total of nearly a million and a quarter of money, all of it spent in amateur doctoring.

It is curious, when one comes to think of it, that people should be so exceedingly ready to set about the remedy of anything amiss in the system of either themselves or those about them. If a man's kitchen clock wheezes and whirrs a little, and presently begins to betray a difficulty in getting along, he will admit at once that he does not know what is the matter with the thing, and will have the clockmaker ordered in to attend to it. If his watch gets a little slow, and does not seem to be amenable to the regulator, he will not even run the risk of touching it here and there with a little sweet oil; or if his piano gets out of tune in only a note or two, he does not dream of investing

three and sixpence in a tuning-hammer and put it in order himself. He does not understand the business, he will tell you, and might do more harm than good. But if his own internal mechanism begins to wheeze a little and to show symptoms of running down, if he himself feels somehow a little out of tune, it is very likely indeed that he will be quite confident that he knows all about it, and will forthwith resort to the family medicine chest or the nearest druggist. It may be argued that he probably knows more of his own interior than he does of the inside of a clock or a watch. On the other hand, he may have been studying his own constitution for thirty, forty, or fifty years. Every man, it has been said, is a fool or a physician at forty, and there is just enough truth in the saying to make it plausible. But then the remarkable thing is that the amateur doctor is usually just as ready to prescribe for other people's constitutions as he is for his own. Give him ever so slight a hint of your symptoms, and he will at once prescribe for you. He knows, of course, that your mechanism is ten thousand times more intricate and delicate than that of any clock or watch, and it might occur to him, one would think, that in so intricate a machine similar symptoms might possibly arise from very different causes. Nothing of the sort occurs, however. "Pains in the chest, eh? Ah, indigestion, my dear fellow. I used to have that sort of thing terribly. Try a box of Quack's pills. The finest thing in the world for indigestion."—*London Globe*.

It is a significant fact that the urine of patients who are undergoing a course of salicylic acid, will not decompose for a long period, but remains fresh and sweet as when first passed.

THE QUESTION OF TYING THE UMBILICAL CORD AFTER LABOR.—Dr. John T. Booth, of Wyoming, O., writes to the *Medical Record*, the history of a case where an illegitimate child was born and the cord cut but not tied. The probable object was to let the child bleed to death. Instead of this it did well, there being no hemorrhage at all. Dr. Booth raised the old query whether tying the cord is necessary. Some have claimed that it is not, and undoubtedly in many, if not in

most cases, there will be no hemorrhage if the physician wait until the child has breathed a few times. But the present practice of tying is a safe and wise one.

—Rhus poisoning is reported as curable very speedily by the application of chloroform on paper or rag.

—In the *Æsclepiad*, July, 1884, Dr. Richardson gives a formula for the administration of amyl nitrite by the mouth:

℞. Amyl nitrite, pure, Mxxxv.
Ethylic alcohol (sp. gr. 830), 3 v.
Pure glycerine, 3 iss,

To make a mixture of twelve doses. One fluid drachm to be taken in a wine-glassful of warm water. In asthma this method is specially recommended.

SYPHILIS.—A discussion is going on among the medical journals on the most feasible method of preventing the spread of syphilis. Nearly every person has a theory on the subject. Their views differ and are as the autumn leaves for number. Licensing houses of prostitution; periodical examination of their residents, and of all lewd women; and other methods are advocated, but not a word is said about the male prostitutes.

Now we have a theory about syphilis that, if put in practice, would most effectually rid the earth of the disease and its attendant evils. Let every woman, so soon as it be known that she is affected, have the operation of ovariectomy performed on her; and every man, in like circumstances, be castrated. This would prevent the creation of diseased offspring, and in about three generations the disease would be a thing of the past. The remedy is heroic, but syphilis requires exactly that kind of treatment.—*Ind. Pharm.*

THE SUCCESSFUL REMOVAL OF A TUMOR FROM THE BRAIN.—Another triumph has been added to medicine and another tribute made to the practical value of physiological and experimental science. For the first time in history a tumor of the brain, having been precisely located by the symptoms produced, has been successfully removed by a surgical operation.

The patient was an inmate of the Hospital for Epilepsy and Paralysis at Regent's Park, and was under the care

of Dr. Hughes Bennett and Mr. R. J. Godlee. He was a farmer, aged twenty-five, who had been in good health until three years before. He then began to suffer from paroxysms of twitchings in the left side of the face and tongue. Attacks of general convulsions with loss of consciousness supervened, and for two and a half years he continued to suffer from the local spasms and epilepsy. Then spasmodic twitchings of the left arm appeared, and the general convulsions ceased. After several months the arm became paretic and the left leg began to twitch. The patient suffered from violent headaches, attacks of vomiting, and had a double optic neuritis.

The conclusions drawn by Dr. Bennett were: first, that there was a tumor in the brain; second, that this growth involved the cortical substance; third, that it was probably of limited size, as it had destroyed the centres presiding over the hand, and only caused irritation without paralysis of the centres of the leg, face, and eyelids which surround it; and fourth, that it was situated in the neighborhood of the upper third of the fissure of Rolando.

It was decided to attempt its removal. Accordingly, on Nov. 25th, Mr. Godlee trephined the skull, and removed a triangular piece of bone over the region corresponding with the upper part of the fissure of Rolando. After the bone was removed, the dura mater slit up, and the cortex of the brain exposed, no tumor was visible. The ascending frontal convolution, however, seemed to be somewhat distended. An incision about an inch long was therefore made into the gray matter in the direction of the blood-vessels, and one-fourth of an inch below the surface a morbid growth was found. This was carefully removed, and proved to be a hard glioma about the size of a walnut. The superficial part of this was distinct from the brain-matter and was easily enucleated. The hemorrhage was arrested by means of the galvano-cautery and the wound brought together by sutures.

Since the operation, the condition of the patient has been satisfactory. The temperature did not rise above 100° F. The mind has been clear, the lancinating pains, vomiting, and convulsions have ceased. A hernia cerebri has formed, however, and the paresis of the left leg

has increased. The outcome of the case will be watched with the greatest interest, as opening up a new field for the display of diagnostic acumen and surgical skill. We say this while fully aware that the case in question is really alike in some respects to others that have been operated upon for traumatic epilepsy.—*Medical Record*.

THE TREATMENT OF CORPULENCE ON PHYSIOLOGICAL PRINCIPLES.—As analyzed by the *Birmingham Medical Review*, November, 1884, Ebstein, in his work on corpulence, gives some valuable practical points for the reduction of obesity. According to him, fattening is strictly analogous to the fattening of cattle, and depends on over-feeding. He, however, disputes the current view that fat makes fat; on the contrary, he thinks fatty food protects the albumen and prevents its forming fat. His plan of treatment, therefore, consists in moderating the quantity of food, and while cutting off all vegetable carbo-hydrates, sugar, starch, etc., allowing a moderate quantity of fat, two or three ounces daily, to be taken. He also suggests that the diet should be monotonous, greasy, and succulent, so as to cause satiety rapidly. He disallows beer, but permits light wines.

The plan advocated appears rational, and is free from the objection to Banting's methods, which is too much like starvation. The following is the diet used successfully by Ebstein in one of his cases:—

Breakfast.—One large cup of black tea—about half a pint—without sugar; two ounces of white bread or brown bread, toasted, with plenty of butter.

Dinner.—Soup, often with marrow; from four to six and one-half ounces of roast or boiled meat, vegetables in moderation, leguminous preferably, and cabbages. Turnips were almost, and potatoes altogether excluded. After dinner, a little fresh fruit. For second course, a salad or stewed fruit without sugar. Two or three glasses of light wine, and immediately after dinner a large cup of black tea, without milk or sugar.

Supper.—A large cup of black tea, as before. An egg, a little fat roast meat, or both, or some ham with its fat, bologna sausage, smoked or fried fish, about one ounce of white bread, well

buttered, occasionally a small quantity of cheese, and some fresh fruit.

On this diet the patient lost 20 pounds in six months.

Ebstein insists on the necessity of always keeping to the restricted diet if the tendency to corpulence is to be successfully combated.

HAZELINE IN MENORRHAGIA.—In the *Practitioner* Mr. M. Chute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline, given twice or thrice a day, will act so quickly that it is not necessary to anticipate the flow; but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline, given as above, will effectually restrain it, and after hemorrhage has ceased there is no advantage in continuing the drug. Another good result produced by hazeline is, that it relieves the pain of dysmenorrhœa in a very quick and marked manner.—*Med. and Surg. Reporter.*

RHIGOLENE: A LOCAL ANÆSTHETIC.—The use of cocaine as a local anæsthetic has directed attention to the value of petroleum naphtha for similar purposes. The name rhigolene was given by Dr. H. J. Bigelow, of Boston, to a light inflammable liquid obtained by the repeated distillation of petroleum. It is probable that it is not a definite chemical compound, but it is said to be one of the most volatile bodies in existence. By using it in the form of a spray with a common atomizer it produces a degree of cold sufficient to freeze any tissue with which it may come in contact. Dr. W. Chapman Jarvis, of New York, finds that its action is more decided than that of cocaine, although of shorter duration. Skin and mucous membranes may be divided deeply and freely without fear of pain or hemorrhage. Its effects pass off quickly, so that the operator has to act with promptness. It is a good plan to employ it in conjunction with cocaine. When not in use it should be kept on ice or in a cool room, tightly corked. In a warm place it would probably burst the bottle or blow out the cork. It has been accused of possessing explosive properties, but probably it is safe if not brought in contact with an open flame. It should not be used for cases which

require artificial light. Very little is known about it as yet, although its properties were cursorily investigated some years ago.—*London Lancet.*

TO CLEANSE LABORATORY VESSELS.—Flasks which have contained oil or fatty matter may be easily cleansed with a solution of permanganate of potash. Hydrated peroxide of manganese is formed, which, with an addition of strong hydrochloric acid, liberates chloride. This decomposes the organic water, and allows of washing with water. When the flasks have held resinous solutions, it is necessary to wash with caustic alkaline lye, and afterward to rinse with alcohol. To remove turpentine, petroleum, etc., wash with 30 or 40 grams of sulphuric acid, and rinse thoroughly in a stream of water.

HEMBOLD'S BUCHU.—Said to resemble the genuine:—

Short buchu.....	4 ozs.
Uva ursi.....	4½ "
Licorice root.....	10 drs.

Macerate in 9 pints of water, strain and add:

Caramel.....	2 ozs.
Molasses.....	8 ozs.

Mix well, and add:

Cubeb fluid extract.....	5 ozs.
Alcohol.....	2 pts.
Peppermint oil.....	1 oz.
Water, sufficient to make.....	12 pts.

—*Lillard's Prac. Hints and Formulas.*

Since Prof. Reinsch's discovery of minute algae and bacteria upon coins, J. Schaarschmidt has made investigation of Hungarian and Russian paper money, and has found even upon the cleanest of it a variety of protophytic life. He makes out a list of these varieties under the head of "Vegetation of Paper Money." We recognize among them our familiar acquaintances, the yeast plant and *Bacterium termo*. It is suggested with a good deal of plausibility that both coins and paper money, the latter particularly, may in times of epidemics be the means of spreading contagion.

THE ACTION OF EUONYMIN (WAHOO).—Euonymin (Wahoo) a resinous mixture prepared by precipitating with cold water an alcoholic tincture of the bark

of euonymus atro-purpureus is well-known as a gentle and reliable laxative. It has recently been made the subject of study by M. Conil (*Thèse de Paris*, 1883,) who obtained the following results:

Euonymin acts on the intestines, not as a hydrogogue, but by causing contraction of the muscular coats of the bowels; and while being a laxative and cholagogue (Rutherford) it is by no means a violent purgative, but causes one or two gentle evacuations of the bowels within a few hours after its administration. Occasionally it causes colicky pains, but this unpleasant result may be readily avoided by combining it with some preparation of opium. The proper dose is from one and one-half to five grains, and when once susceptibility to its action has been lost, as is apt to occur after a couple of weeks of constant use, nothing will be gained by increasing the dose.—*Ther. Gazette.*

COCA AND COCAINE IN SKIN DISEASES.—

In a recent lecture delivered at the Philadelphia Hospital for Skin Diseases, Dr. John V. Shoemaker stated that for over two years he had employed a liquid extract of coca in the treatment of certain cutaneous affections. It had been employed with good results in eczema, herpes, herpes zoster, urticaria, and a number of allied affections. A case of acute eczema of the ear and neck was exhibited which had improved in the most marvellous manner, under the local application of an ounce of fluid extract diluted with three ounces of water. In acne rosacea the solid extract should be made into an ointment with lard and applied freely. It exerts a marked sedative action upon the inflamed or irritated skin, and may be employed with confidence. We understand that Dr. T. C. Fox is using at the Westminster Hospital a solution of hydrochlorate of cocaine in cacao butter, and has obtained good results, especially in urticaria and lichen planus.—*London Lancet.*

CANNED FOODS.—Dr. John D. Johnson formulates the following rules (*Boston Med. Jour.*) for determining the safety of canned goods used for food:

1. Every cap should be examined, and if two holes are found in it send the can at once to the Health Board, with the

contents, and name of the grocer who sold it. 2. Reject every article of canned food that does not show the line of rosin around the edge of the solder of the cap, the same as is seen on the seam at the side of the can. 3. Reject every can that does not have the name of the manufacturer or firm upon it, as well as the name of the company and the town where manufactured; "standards" have all this. When the wholesale dealer is ashamed to have his name on the goods, fight shy of him. 4. Press up the bottom of the can; if decomposition is commencing, the tin will rattle the same as the bottom of the oiler of your sewing machine does. If the goods are sound it will be solid, and there will be no rattle to the tin. 5. Reject every can that shows any rust around the cap on the inside of the head of the can. If housewives are educated to these points, then muriate of zinc amalgam will become a thing of the past, and dealers in "swills" have to seek some other occupation.

THE TREATMENT OF SCIATICA BY THE STRONG GALVANIC CURRENT.—In the *Medical Record*, Dr. V. P. Gibney shows the success he has had in the treatment of this obstinate disease. His conclusions are:

1. A differential diagnosis should be made between a sciatica depending on a rheumatic diathesis and one of purely idiopathic origin. The former will yield to faradism or static electricity, and will be aggravated by galvanism. The latter will be relieved by galvanism and aggravated by faradism.

2. Daily applications of from ten to fifteen minutes each, care being taken to include the nerve in the current.

3. The Leclanché elements give the best results.

4. If no marked relief be obtained after a half-dozen applications, the diagnosis had better be carefully reviewed.

A CONTRIBUTION TO MODERN CHEMISTRY.

—The last contribution of modern chemistry to science is the production of quinine from gas-tar. Professor Fisher, of Munich, has succeeded in obtaining from distilled coal a white crystalline powder which, as far as regards its action on the human system, cannot be distinguished from quinine, except that

it assimilates even more readily with the stomach. Its efficacy in reducing fever heat is said to be remarkable, even rendering the use of ice unnecessary. The importance of such a discovery as this consists, not so much in the actual fact achieved as in the stimulus given to scientific research by the opening up of a new channel of investigation.

VON BERGMANN says the enthusiasm about transfusion has died out in Germany, as in England, and the transfusing apparatus lies undisturbed upon the shelf.

DR. MOORE, of New York, writes to the *Medical Journal*, that Dr. Carl Koller, of Vienna, is assistant physician to the Vienna Hospital, instead of a medical student as currently reported, and that he arrived at his discovery of the new anæsthetic by reasoning, and not by accident.

COCAINE OINTMENT FOR PILES.—Dr. F. A. Burrall writes: "Please mention in your coca literature that the coca leaves treated with heated lard and an alkali, form an ointment resembling stramonium ointment, which seems to possess soothing properties. Applied to the tongue it leaves an impression similar to that produced by a solution of muriate of cocaine. This ointment, prepared at my request by a leading pharmacist of this city, has been used in three cases of hemorrhoids with the effect of alleviating pain. The muriate of cocaine will, I think, be found of service in such cases, and this alkaline ointment is also worthy of further trial as a local anodyne."—*Medical Record*.

REGULATIONS GOVERNING THE HEIGHT OF HOUSES.—The number of dwelling houses in Paris is about 90,000. The area of the whole city is twenty-five square miles, and the population over 2,000,000. A recent measure of the Council d'Etat ordains that henceforward no flats shall be less than eight feet high; that in streets twenty-five feet wide the height of the houses must not exceed forty feet; in streets between twenty-five and thirty-two feet wide the height must not exceed fifty feet; in streets between thirty-two and sixty-five feet wide the height must not exceed sixty feet; in

streets above sixty-five feet wide the height must not exceed sixty-five feet, and no buildings are to have more than seven stories, all included.—*The Sanitarian*.

TREATMENT OF CONTUSED WOUNDS WITH THE DECOCTION OF VALERIAN ROOT.—Acting on the advice of M. Gréhan, who had himself made use of this method of treatment introduced by M. Landragin, M. ARRAGON has experimented on the results produced by the application of a decoction of valerian root to contused wounds, and has communicated his conclusions to the Société de Biologie (*Jour. de Médecine*, Oct. 1884).

The preparation which he employed is made by boiling one ounce of valerian root for half an hour in one quart of water, filtering and using the filtrate for soaking compresses which are applied to the wounded surface and kept continually moist.

M. Arragon has notes of fifty cases in which this mode of treatment produced very satisfactory results and only two where it failed: they include a case of dislocation of the wrist cured in twelve days; contused wounds of the legs due to kicks by a horse; lacerated wounds; and also inflammation of the middle ear cured by injections of this decoction. While the cures resulting from this method of treatment may not be more rapid than those otherwise produced, by the use of valerian so applied all pain is at once subdued, probably from anæsthetic action on the terminal nerve fibres.—*Ther. Gaz.*

CARBONATE of titanium, recently advertised as an emmenagogue, is proven by Dr. Lyons of Detroit, to be a vulgar fraud.

VOSSIUS in *Berliner Klin. Woch.* considers jequurity too dangerous to use in any eye trouble.

The city physicians of Atlanta, Ga., receive the munificent salary of eighty-five cents a day and furnish their own medicine.

ESOPHAGOTOMY FOR REMOVAL OF ARTIFICIAL TEETH.—At the Middlesex Hospital in London, last month, a patient was admitted who had swallowed a plate

to which were fastened four front teeth. Mr. Lawson was obliged to remove it by opening the oesophagus below the cricoid cartilage. The patient is making a satisfactory recovery.

REVIEWS OF NEW PUBLICATIONS, &c.

[All books and pamphlets noticed in this department, are for sale by the ECLECTIC PUBLISHING COMPANY. Sent by mail, post-paid, upon receipt of price.]

VACCINATION: ITS FALLACIES AND EVILS.

By Robert A. Gunn, M. D., New York. Pamphlet, 38 pp. Third edition, revised and enlarged. Price, 25 cents.

This interesting little work throws much new light upon the subject of vaccination. While he shows the appalling evils that may result from this practice, the author also claims that vaccination is not a prophylactic of small-pox, and presents strong evidence to sustain his position.

PLEA FOR THE LIBERAL EDUCATION OF WOMEN. By Alexander Wilder, M. D. Pamphlet, 16 pp. 1884.

THE REVELATIONS OF FIBRIN. By Rollin R. Gregg, M. D., Buffalo, N. Y. A reprint from the *Buffalo Courier*.

SIMULATED HIP DISEASE, RESULTING FROM PHIMOSIS AND ADHERENT PREPUCE. By Milbrey Green, M. D., Boston, Mass. Reprint from *Mass. Eclectic Medical Journal*.

MISCELLANY.

CRYSTAL PEPSIN.—The surgical value of pepsin as a dissolvent is well shown in a note in the *Northwestern Lancet*. The editor of that journal states that he was once called upon to relieve distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood in less than twenty minutes.

THE poor little -shaped bacilli lie cold and shivering in their old rags and other hiding-places, waiting and longing for summer, when they will get in their work.

A DOCTOR at Indian River, Mich., with a practice of \$1,200 per year, has only got hold of \$16 cash in the past twenty months. The rest has been taken in orders on stores, saw-mills, lime-kilns, tailors, undertakers, and well-diggers. One account of \$7 was taken out in fiddling, and the fiddler could only play one tune.

THREE GREAT PHYSICIANS.—A celebrated physician on his death-bed was surrounded by several of his colleagues who lamented his loss. "Gentlemen," said he, "I leave behind me three great physicians." There was a pause, and each one bent forward expecting to hear himself named. "Three great physicians—Water, Exercise, and Diet."

A HYPODERMIC SYRINGE FREE.—This instrument (for description see page iv. of advertisements), which we offer as a premium to every new subscriber to the MEDICAL ADVOCATE, is perfect in every respect, and equal to any syringe sold for a much higher price. It combines the advantages of other makes; an engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe. It also has a screw thread upon the piston-rod and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

LAWN-TENNIS is assuming a pathological aspect through the frequency with which it causes injury to muscles and nerves.

THERAPEUTIC SARCOGNOMY.—"This work should be in the hands of every physician who desires increased success in his practice. The secrets it unfolds are simply marvellous; the explanations are so clear that any physician can adopt the methods in his practice at once. Physicians making use of electricity in their practice will find the book of especial value."

SOME GOOD ARTICLES NEXT MONTH.—In the March issue of the ADVOCATE we shall publish some very interesting original articles by well known writers among other papers, will appear contributions from Dr. Robert A. Gunn, Dr. J. G. L. Gaedeke, Dr. William Jones, Dr. John P. Nolan, Dr. Charles E. Taylor.

AUSTRALIA refuses to recognize American medical diplomas.

THERE WAS an old doctor who, when asked what was good for moths, wrote back: "How do you suppose I can tell unless I know what ails the moths?"

A PATIENT who manifestly mistook the fever thermometer for a catheter, somewhat nonplussed her doctor when he was about to take her temperature, by volunteering the information that she had just urinated.

BOUND COPIES OF THE ADVOCATE FOR 1884.—We have a few bound copies of Volume I. of the *Advocate* which will be disposed of at \$2.50 a copy; bound in cloth. Sent by mail, postpaid, on receipt of price. Physicians who desire to secure the *Advocate* for 1884 will do well to order immediately, as our supply is limited, and will soon become exhausted.

TWENTY medical practitioners died in Naples out of 139 engaged in attending cholera patients under the White Cross Society during the recent epidemic.

A YOUNG Yorkville physician, who has just established himself and has very little practice, is noted for his braggadocio. One of the older physicians meeting him on the street yesterday, asked him how he was coming on. "I've got more than I can attend to," was the boastful reply. "I had to get out of my bed five times last night." "Why don't you buy some insect powder?" asked the old doctor.

"THERE is a customer in the store who wants a pound of arsenic," said a drug clerk, entering the private office of the proprietor. "Did he say what he wanted it for?" "No, sir." "Well, let him have it, but charge double price. We can't be too careful in selling arsenic."

THE DOCTOR'S HEAD WAS LEVEL.—"Who is your family physician, George?" "Dr. Smoothman."

"How did you employ that hair-brained creature?"

"Oh, my wife once asked him if he could tell why she always had cold feet, and he told her they were so small they

couldn't hold blood enough to keep them warm. She won't have any other doctor."

PREMIUMS.—See page I of advertisements and note the unprecedented offer of premiums to subscribers to the *Advocate*.

SIR HENRY THOMPSON recently presented to the Museum of the Royal College of Surgeons his valuable collection of calculi, the result of 812 operations.

A PROFESSORSHIP of hygiene is to be established shortly in the University of Berlin, and a special institute is to be erected for this course of study. Similar arrangements are likely to be made before long in the other German universities.

DR. KIDDER'S ELECTRO-MEDICAL APPARATUSES.—The American Institute has again in 1884, awarded the Jerome Kidder Manufacturing Co., the Medal of Superiority for their Electro-Medical Apparatuses. In 1883 this Company received the Medal over three competitors.

For many years their appliances have been before the public, and at all the principal exhibitions held in this country since 1872, they have been awarded the highest premiums for their superior productions.

Fully supplied with all the latest improvements in the shape of electrodes and attachments, with switches on all the larger machines, by which the force and intensity as well as the number of currents used can be perfectly controlled or reversed in either direction. They are manufactured by the company, either for the office or for family use, as well as in portable form for physicians who prefer to take their own instruments, and they also manufacture a superior form of galvano-caustic machine and continuous current galvanic battery, for medical purposes in several convenient sizes, as well as powerful combined galvanic and Faradic machines for hospitals, institutions and physicians having a large office practice.

On application at 820 Broadway, New York, they will mail free their revised "Electro-Allopathic Physiology."—*Weekly Drug News*.

The Medical Advocate.

VOL. VII., OLD SERIES, {
VOL. II., NEW SERIES. }

NEW YORK, MARCH, 1885.

No. 8.

Pott's Disease of the Spine.

BY

ROBERT A. GUNN, M. D.,

NEW YORK CITY.

The frequency of Pott's Disease of the Spine, and the serious consequences that follow, render it important that more attention should be given to the premonitory symptoms than is usual with general practitioners of medicine. It too often happens that the first symptoms are overlooked or misunderstood till the backward curvature becomes prominent, and in many cases it is then too late to afford relief to the sufferer.

To form a correct diagnosis, it is important to understand the significance of every symptom, for it is only in this way that we can recognize the early stages of the disease.

When the patient complains of difficulty in swallowing, a choking sensation, an irritable and continuous cough and pain in the thorax, with entire absence of any evidence of disease of the larynx, lungs, or heart, we have reason to suspect disease of the cervical vertebrae. When the pain is in the lower part of the chest and in the region of the stomach and liver, with a sense of constriction around the body, accompanied by indigestion, nausea, flatulence, and constipation, with pain in the cardiac region, which usual treatment has failed to relieve, the careful physician should not fail to examine the dorsal vertebrae. Again, when the chief disturbing symptoms are felt in the rectum and bladder, with a frequent desire to urinate, an annoying tenesmus, and darting pains running down the thighs, we have indicated the possibility of some trouble in the lower part of the spine.

Muscular contractions resulting from reflex action may be recognized early in the disease, no matter what part of the spine may be affected.

When the examination is made, the patient should be stripped naked, and each vertebra should be carefully examined with the fingers. A considerable degree of soreness will be felt on press-

ure at the seat of the disease long before there is any marked protrusion of the vertebrae. It will be observed that while walking the patient will elevate the shoulders and fix the muscles of the back so as to prevent the movements of the bones upon each other, and at the same time to relieve the spine from the weight of the arms. The patient will also reach from one article of furniture to another while walking across the room, and by bearing weight on whatever he touches he supports himself, and relieves some of the pressure on the spine; and when no other support can be obtained, the hands are almost invariably placed on the thighs.

The manner in which a patient stoops to pick up an article from the floor, should also be carefully observed. The shoulders are elevated and the spine fixed, while the knees are flexed on the thighs, and the thighs on the abdomen, so as to allow one hand to reach the floor without bending the spine. When this motion is observed, it invariably indicates disease of the bones of the spine.

For a further examination, some extension of the spine must be produced. This may be done by means of the suspension apparatus, or an assistant may support the patient under the arms in such a manner as to take nearly all the weight off the feet. As soon as this extension is made, the difficult breathing and other symptoms are at once relieved, but are immediately reproduced as soon as the support is removed. In examining for disease in the cervical region, the extension must be made by supporting the head from under the occiput and chin.

In speaking of the examination of children, Prof. Sayre makes many valuable original suggestions. On this point he says: "You will then strip the child naked and lay him across your lap, face down, with the arms over one thigh and the legs over the other, and then gradually separate your thighs. When that is done, the first thing you will notice, probably, will be that the

child takes a long breath, a long drawn sigh of relief; and this leads me to speak of another symptom which I have omitted to mention. When the child is walking about, particularly if the disease is in the dorsal or lower cervical region, he breathes in a short grunting manner, because of the constant effort on the part of the muscles to hold the trunk still. In other words, there is a constant effort to put a *muscular splint* on the child's body to prevent motion in the spinal column, and thus the child, by his short grunting breath and muscular rigidity, is trying to teach us doctors what the indications for treatment are in his case. The pressure upon the intercostal nerves is sometimes so great as to produce almost spasmodic respiration. Now, by placing the child across the lap in the manner described, and then making gradual extension upon the spine, by separating your thighs, thereby relieving the nerves of all pressure, and the muscles from all irritation, the first thing that will be noticed is this long sigh of relief—a *full inspiration and complete expiration*. As long as the child is held in that manner, he will be perfectly comfortable, and breathe easily, if you do not carry the extension so far as to produce reflex muscular contraction. Then close the limbs again, and the muscles are at once excited to contract, and the child again begins his short, catching respiration."

In whatever way extension is made, there is liable to be more or less spasmodic muscular action as soon as the extension is removed. This is due to the direct pressure made upon the nerve trunks at the seat of the disease.

When the sides of the bodies of the vertebrae are affected, the symptoms heretofore described are not so prominent, and the disease may make considerable progress before its true character is recognized. It is always important to examine the sides of the vertebrae, by making pressure on the sides of the body, so that the heads of the ribs may be made to press against their articulations with the vertebrae. This gives the patient pain, and thus the key to the difficulty is obtained. Pressure on each rib separately, in the same manner, will then enable us to ascertain the exact location of the disease.

Paralysis may occur as a sequence of

Pott's disease in the lower portion of the spine, and may affect one or both legs. It is due either to the distortion of the spine, or the effusion resulting from the inflammation of the cord and its membranes.

One more symptom of disease of the cervical region should not be overlooked. A patient will often be found sleeping with the head hanging over the edge of the bed, and can sleep comfortably in this way when it is impossible to do so in any other position. I have known this symptom to be present long before any of the other symptoms described.

The terrible deformities that follow Pott's disease do not occur when the disease is recognized early, and are not considered in making a diagnosis in these cases. When the profession free themselves from the errors of the past regarding this disease, all will arrive at a better understanding of this class of cases, and the rational method of treatment. Those who have not followed Prof. Sayre, will do well to review his work on "Orthopedic Surgery," and to note his conclusions, which are as follows: "As to the theories relating to this form of disease, I think it hardly worth while to consume time in discussing them, for you can read them at your leisure in all the text-books upon surgery. I simply wish to make these points: that it is the result of injury in almost all cases; that this injury is followed by inflammatory action; that it can be diagnosticated by making extension and counter extension on the spine, and by pressure upon the sides of the vertebrae; also by symptoms referable to the distal extremities of the nerves involved in the disease, long before the deformity is produced, and being detected in this early stage, can frequently be cured without any deformity occurring."

Treatment.—All authorities agree that in the early stages of this disease, absolute rest in the recumbent position is of the first importance. An air or water bed should be used, as either will accommodate itself to the shape of the body and thus prevent undue pressure on the spinous processes. Slight extension and counter extension from the head and feet, may be made once or twice daily, to aid in separating the inflamed bones. Should active inflammation be present, ice bags should be placed on either side

of the spine, at the seat of the disease. Dry cupping will be found useful if the pain is acute. This should be repeated every six or eight days, and may be followed by the ice bags. Gelsemium, given internally, will be found a valuable agent in these cases, and it may be used freely, with perfect safety.

It is important that the patient should have plenty fresh air and sunlight, as well as good nutritious food, as softening, degeneration, and absorption are likely to take place more rapidly if the vitality of the body becomes reduced.

Strict attention to this method of treatment, although a long time is often required, will so improve the condition of the patient as to arrest the inflammatory action and relieve the pain on pressure over the affected part. If the patient is now allowed to assume the erect position, and walks about, the weight of the body above the seat of the disease will either reproduce the inflammation, or cause absorption of the bodies of the vertebrae, and consequent deformity. To prevent this, some mechanical support is necessary to keep this weight off the diseased bones, and to retain the body in a natural position.

Various instruments have been devised for this purpose, but each was found to have serious defects, and in spite of every effort with such appliances, deformity after Pott's disease was the rule. To Prof. Sayre, however, belongs the honor of giving to the profession, in the shape of the Plaster-of-Paris jacket, an appliance, which, if properly used, will insure against deformity in the majority of these cases.

A full description of this jacket and the method of applying it can be found in Sayre's *Orthopedic Surgery*; but for the convenience of the readers of *The Medical Advocate* it will be described in full, with illustrations, in the next issue, and a number of cases demonstrating the value of the treatment will be reported.

(To be Continued)

"A New Mission to Humanity."

BY

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In no other age but the one in which we live, has the human mind shown itself so interested in grappling with that problem of problems, the cure and pre-

vention of disease. Hygiene and sanitation, vaccination and prophylactics, have had, and still continue to have, their share of attention, detractors, and admirers, and the late experiments of Pasteur and Koch have so stirred up the public mind with regard to them, in view of a prospective immunity from disease by the inoculation of cultivated *bacilli*, that one hardly takes up a newspaper nowadays, without reading some glowing notice of their labors and discoveries.

This would be no more than their due, had these eminent men evolved anything definitely practical, and could the humanitarian believe, that the sacrifice of a whole hecatomb of the lesser creation would tend to the ultimate benefit of mankind. Not that we mean to infer, by this, that a certain kind of progress has not been made by these new departures in science. But we are pretty well satisfied, that if less experiment were the rule, and a gospel of cleanliness were universally preached, the occupation of the bacteriologist would cease, as well as the production of the microbe which gives them so much prominence in the scientific world at this moment. That the right steps toward so desirable an end are being taken, is apparent, for even the most orthodox are beginning to bestir themselves, and some have gone so far as to acknowledge, as others have done before them, that simplicity in the treatment of disease is as desirable as the more complex and pharmacomaniacal methods of not so long ago. Hear what Austin Flint says in a paper read before the New York State Medical Association, Nov. 20, 1884: "The time will come when the physician will not be regarded as solely a therapist, but as a medical counsellor, whose functions embrace the preservation of health and the prevention, not less than the treatment, of diseases. Patients will then congratulate themselves, and be congratulated by their friends, whenever it is decided by the physician that potential drugs are not called for." This is excellent! But he adds: "Let it be popularly known that most medicinal agents are curative, not directly but indirectly, by the removal of obstacles in the way of recovery; that *nature is always the efficient curative agent*, and, therefore,

that the *physician is nature's servant, not her master.*" We almost imagine we are reading the effusion of one of those self-same irregular practitioners so unjustly declaimed against of yore by such writers as himself; and feel tempted to believe, with the learned professor, that when correct ideas on these subjects prevail, there will be less of quackery within, as well as without, the medical profession. At any rate, we have hopes for the future, and may at no distant date be privileged to quote a similar paper by some other, but no less distinguished, physician, whose prominent position and authority may do for Animal Magnetism as a therapeutic agent, what such assertions as these, enunciated years ago by the Homœopaths and Eclectics, will do to place the orthodox physician in the ranks of "advanced and liberal practitioners of medical science;" just as their appropriation, without acknowledgment, of every discovery of their rivals has saved them from decay and oblivion. With this by way of introduction, we would ask the attention of our readers to the following remarks, which we hope yet to see indorsed by those who have done more than any one else to stamp out such ideas from the minds of young students, as well as the general public, without offering anything solid in return.

If medical science were all that it is represented to be; if it were founded, not only upon a knowledge of the cadaver, but of the *entire man*, the *living and thinking man*, this article might never have been written. But a close inspection of the systems as taught in most of our medical colleges reveals the fact that, though the professors, who fill the respective chairs attached to them, do their work thoroughly, conscientiously, and well, what they teach does not fulfil the conditions requisite to constitute medicine a science in the full acceptance of the term, and particularly as applied to the healing of man. In other words, as proficiency in any profession implies a thorough knowledge of all which appertains to it, the true man, the real man, complete, not mutilated nor decomposed, being endowed with life and intelligence, should be studied as a living and thinking individual. Were such teachings as these

to form a part of our curriculums, it would not be so difficult to understand how mind acts upon mind, how medicines might be almost dispensed with, and vital and intellectual phenomena, being governed by laws equally as vital and intellectual, are inexplicable by those which are based upon the physico-chemical philosophy taught in the schools. Had our advances toward such a Science of Man been equal to that which we have made through baking and boiling, discussing and dissecting him, it is possible we might have had something to show for the thousands of years we have done so; but man in his entirety is as unknown to most of us as he was in the days of Hippocrates or the Asklepiads, and until we set ourselves earnestly to work to become better acquainted with him, there will be no progress in medicine, no certainty in our prescriptions, nor ability to treat that vast catalogue of nervous and mental ailments which may be truly said to be the despair of the profession. It may be fashionable and scientific to proclaim man as something, which, when

"Dead and turned to clay,

Might stop a hole to keep the cold away."

and to treat him, when sick, as a sort of chemical laboratory, to be acted upon by this or that alkali, acid, or drug; but until we dismiss from our minds such materialistic theories and recognize that he has a soul as well as a body to treat, we might just as well call ourselves tinkers of human infirmities, as practitioners of medicine. It is somewhat singular, this tendency toward materialism of our leading scientific medical men. They, who should be the teachers of man, *par excellence* with regard to his psychical nature, have done little else for the last few years but tear down the fabric upon which he has built the hope of a future existence. We find no fault with this, if the labors of the man who consumes half his life for the purpose of teaching us evolution through the revelations afforded by the microscopic observations of a cup of yeast helped to disprove such a state. We might even go further, and say that we almost envy the indefatigable perseverance of the physiologist who has satisfied himself that brain secretes thought, and our hopes of immortality are creations of the

imagination, could we only reconcile ourselves to the fact that such teachings are of benefit to mankind, and such a confession of impotence worthy of a school which up to now knows hardly the A B C of Psychology.

When a chair of Psychological Science is established in every college throughout the land, so that by a study of the mechanism of man and such phenomena as are evolved through it, the young student may arrive at something more definite than mere negation, we may, possibly, acquire a little more knowledge of the workings of the human mind than we have up to the present. That science has not said her last word on such subjects, is devoutly to be hoped; and that our medical men, even through this very mechanism of man, may see fit to retrace their footsteps and prove what they have so long tried to disprove, is a consummation just as devoutly to be wished. The eloquent writer and physiologist, Draper, has so intuitively grasped this idea, that we quote him with pleasure in support of this view:—

"It is to be greatly regretted that evidence drawn from structural arrangement has hitherto, by very high authority, either been totally cast aside or held in very light esteem. It is still more deeply to be regretted that those who should have known better have conceded the argument that from no consideration based upon anatomical or structural arrangement could proof be obtained of the existence of an immaterial principle. Even by such, the study of physiology has been designated as leading to materialism, and with an injustice which cannot be too emphatically reprobated, the scandal has often been quoted, that where there are three physicians there are two atheists." It is not within the scope of this article to follow the learned Professor in his argument, that from the study of the cerebral mechanism, distinct proof can be obtained on this point—proof of just as cogent a nature in support of the existence of the soul as that which we have of the existence of an external world, and of precisely the same character. To those whose studies have been chiefly in the text books in current usage, and who have not cared, out of deference to the prevailing skepticism, to step over the thin line which divides physiology

from psychology, we recommend a perusal of his admirable work. It will refresh the soul of many a young medical student, hungry, perhaps, to know something more of a conscious selfhood, almost annihilated by teachings which are the infallible outcome of a negation of all that is immortal in man.

In ages gone by, when with the physician was combined the office of priest, he was the custodian of the mysteries. He was the teacher of the soul's immortality, of that glorious doctrine which links us to the Infinite, and through which man reconquers his place among the angels of light. He knew less of physiology, perhaps, but more of the soul; hence the influence he exercised over the minds of his fellow creatures. Welcome in the hour of sickness, he was doubly so in the chamber of death, for it was natural to suppose that he who was acquainted with the secrets which were conducive to long life and health, was also the keeper of the secrets which led to another world. His was a noble vocation then, as is that of the physician now, with this difference, that the latter is shorn of half his influence and power through a denial of those psychological forces which were such potent factors in archaic medicine, and which, if properly understood to-day by the profession at large, would be a blessing to themselves and the public. As it is, man is obliged to pin his hopes of a future life largely upon faith, or the teachings of a metaphysical science, whose professors, from knowing nothing of the physiological man, are incapable of sustaining a decent argument in support of their theories. It is thus that such sciences as Psychology and Animal Magnetism are laid upon the shelf, or become the weapons in the hands of charlatans and impostors to fleece their neighbors, to the utter exclusion of the benefits which might accrue from their employment at the hands of respectable physicians.

There seems to us to be such a necessity for those who are most capable and who are most often brought in contact with the sick and the dying, for a complete investigation of this individuality which exists outside or inside of the mere husk which goes to form the human personality—such a necessity that we should become profoundly acquainted

with it, while manifesting itself through the body that we are not without hopes that some of the highest in the profession may yet condescend to give their attention to a subject so important. It is not enough that we view man anatomically, that we study him dead, for here, what some are pleased to term the immaterial principle, escapes us; the inanimate clod, once so full of life and health is now a house without a tenant, a helpless lump of clay. We have to become acquainted with him in every phase he assumes while in this world. We are to become as familiar with the anatomy of the psychical man as we are with the physiological. Then we may be able to afford a few crumbs of comfort to some patient, slowly but surely sinking into the shadow land—the mysterious hereafter. We fully acknowledge that here the sacred office of the religious teacher shines brightly, when actuated by love and benevolence, if even supported by no greater testimony than tradition. But to the intelligent man, well read, perhaps, in the theories of a Darwin or a Huxley, who may yet cling with despairing hope that there is a better land than this, a compensation for the tribulations of this earth, how great would be his consolation, if the man of science, the man whose word he doubts not, his friend, his counsellor, his physician could assure him through evidence derived from the studies we have indicated, that of a necessity there was another life. And if, in spite of all that had been said and done to prove him merely a countless heap of molecules, producing by chemical action, thought, intellect, love, and veneration, it could be shown that his structural arrangement confirmed it, there is not a doubt in our minds but that the sphere of the physician would be enlarged, his usefulness increased, and he would enter on a new mission to humanity.

A Case of Peritoneal Surgery—Septic Infection—Recovery.

BY

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As the writer of this article has not observed in any of the text-books or periodicals similar treatment to that adopted in the following case of septicæmia, I deem it of sufficient importance

to lay the same before the profession, as it may present features that will render us more daring and efficient in the management of so fatal a condition as surgical septicæmia.

Mrs. Stein, æt 26 (mother of three children), sanguine encephalic temperament, living at No. 88 Third Street, suffered from a uterine epithelioma, which I amputated on January 21, 1885, assisted by Drs. L. F. Bischof and J. Streubel.

The disease necessitated the removal of a considerable portion of the body of the uterus posteriorly, including the neck, opening, of course, the peritoneal cavity from the posterior cul-de-sac upwards; such I found to be essential for a thorough removal of the growth, and a new lease of life. I did not stop removing slice after slice until the surface presented the normal tissue of the organ, preferring rather to have the patient die of the consequences of the operation (if not avoidable) than of carcinoma, which would, no doubt, at once recur to the parts not well freed therefrom.

There was, of course, considerable hemorrhage, as the operation was performed with the curved scissors, believing this method superior to the galvano-cautery (unless the tumor be well defined) for obvious reasons. As the small intestines constantly protruded through the peritoneal opening, in pushing them back and trying to hold them in place, a good amount of blood found its way into the cavity of the peritoneum, which we could not wash out again, the motions of the intestines having carried the same inward; this was unavoidable.

A two per cent. solution of carbolic acid was used to clean the wound and vagina, the margins of the peritoneo-vaginal flaps and remnant of uterus sewn together, and a drainage tube inserted into the lower margin of the wound.

The prognosis I put as highly unfavorable to both the husband and parents of the patient, and they were ready to meet a fatal issue.

The patient, however, did well enough until about the end of the third day, the pulse until then not rising above 105, and temperature not over 99½°. The discharge through the drainage tube was until then sero-sanguinoid and pure, but from here on, the discharge

became foetid and by end of the fourth day was highly so.

Symptoms of septic infection now rapidly made their appearance: chilliness, pains in the joints, restlessness, uneasiness, anxious features, pinched expression, hectic flush, dryness of mouth, great thirst, heavily coated tongue; and on the fifth day, bed sores formed on the sacral region. The pulse was now feeble and 160 per minute; temperature, 105°.

The chances of the patient were now reduced to a minimum, in my opinion, and I thought something extraordinary must be done to save her.

She was evidently absorbing the putrid fluid in the abdominal cavity, and this must be cleared away quickly. She had been under antiseptics, as quinia, baptism, tr. ferri chlor., etc., which could not, of course, meet the case, absorption continuing constantly. A rubber tube, the canal of which was one-quarter inch in diameter, was now procured, openings cut into the sides at one end, and then introduced through the opening well through the cavity. After gargling my mouth and throat well with carbolic acid solution, I removed by buccal suction several clots of blood and what I could of the fluid still there.

I then took a solution of:

℞ Acid Carbol..... f 3 iss,
Aque Distil..... Oj.

Of this, I injected one-third with a Davidson syringe, to which a male catheter had been attached, and pushed same up within about two inches of umbilicus, taking much care that no air should find entrance either with catheter or syringe.

This fluid was the cause of quite some pain, accompanied by nausea (no vomiting), and the taste of carbolic acid was immediately complained of, showing its instantaneous peritoneal absorption. The pain was relieved by one-third grain sulph. morph., hypodermically administered, and gradually disappeared.

Of this fluid only about two or three drachms found its way out again through the wound, and I, of course, expected a good deal of carbolism, which I considered must be risked, and told the husband, whom I had taught to draw her urine, that I expected her urine to become very dark soon; this did not occur, however, nor any other symptoms indicating carbolic acid poisoning, unless they were

masked by the graver condition already present, and not distinguishable.

The stitches were now removed (fifth day) and the wound found to have adhered well superiorly, but the lower open portion of same looked raw, ragged, and anything but healthy, and I was fearful that the parts already adherent, would again separate, as there was a tendency to slough, and non-healing (due to the septicæmia present), several sloughs having occurred at the points of injection of Magendie's solution, although carefully made with new fluid, and a thoroughly cleansed needle, avoiding injection of air bubbles. Large bed sores formed over the sacral region. After mopping away all moisture from the wound, I applied about a half drachm of a powder of iodoform, one part to four parts of milk sugar, and inserted a tube for drainage.

Next day, the discharge was only *very slightly* foetid, and more iodoform was applied.

The condition of patient was much improved. The temperature was but 103°, and the pulse 132. I could make out no symptoms resembling carbolism, although she must have absorbed, at least, thirty minims of carbolic acid.

On the seventh day, I found still a little foetor in the discharge, and resolved to inject fifteen min. more of the acid in a solution of the same proportion as before, which I did, with the same precautions. The pain this time was much more severe, but did not last long; and from this on, the septic aspect of the case gradually disappeared.

The wound took on a healthy action (a 10 gr. pr. 3j solution of zinci sulph. having been freely used before each iodoform dressing), the ragged edges became well rounded, the drainage tube removed, and a plug of absorbent cotton placed there for the absorption of pus, which was removed and replaced twice daily.

Eighth day. The hectic had vanished, the patient comfortable, appetite and sleep returned, and on the fifteenth day after the operation her menses appeared again slightly, but without the dysmenorrhœa which had formerly accompanied them. Several unhealthy granulations on the surface of the wound I had cauterised carefully with a saturated solution of chloride of zinc, applied with

a small camel's-hair brush; they had soon disappeared therefrom, and the wound and patient did well. I discharged myself on Monday, the 16th of February, leaving the future management of the case to Dr. L. F. Bischof, whose patient she originally was.

The reason I have dwelt so much upon the details of this case, are to show how little the patient was affected by the peritoneal injection of the carbolic acid solution, and the rapid transformation of a most hopeless case to one doing, indeed, very well. It *may* be that this individual has an idiosyncrasy to be little influenced by this particular drug, but I shall hereafter be less fearful of carbolic acid poisoning (especially in desperate cases like the foregoing), as I am perfectly convinced that had it not been for the heroic treatment employed, this case would certainly have gone wrong.

We know from experimental physiology, that many drugs can be safely injected into the peritoneal cavity of animals, and an idea naturally suggests itself here: Would not the injection of a similar fluid into the peritoneal cavity in analogous septic diseases be of service in preference to other methods of treatment, or perhaps after they have failed when, as in this case, a fatal issue is imminent?

I have fully made up my mind that the next case of puerperal septicaemia that comes my way will be treated thus, if milder management does not succeed within a reasonable time.

Peritoneal medication may have a future, and should some of my colleagues before whose eyes this may come, be influenced in similar desperate cases to resort to such measures, I hope they will not forget to inform the readers of the *ADVOCATE* of the results.

Diabetes and its Treatment.

BY

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Is there a disease more worthy of profound investigation than diabetes? Is there a disease of which so little has been written, and that little of a vague and unreliable a kind? There is no disease where scientific research has developed so little, and no disease where modern therapeutics have been so often

baffled; and, considering the great fatality of the malady when once established, the silence, so to say, of the profession is at least remarkable. Now the disease, as we know it, scarcely ever occurs before middle life; in truth, it is a disease of declining life, occurring at a time when the processes of degeneration are in slight excess to those of reparation; and I believe it is from the knowledge of this fact in all its bearings, that we can find anything which will lead us to the true cause of this disease. There is at present a certain evidence that there is a decay somewhere, of a destruction going on in the vital organization, but where to locate it, where to say positively the lesion is, "aye, there's the rub," that has not yet been fully answered. Among the principal causes said to produce this disease, grief and anxiety take a place, but even these are not well established, for the history of many cases show that they had no more grief or anxiety than falls to the bulk of mankind generally. In truth, do we not find persons subjected to the most aggravating forms of vexatious things, who all their lives are sore in heart and mind, dying at last without giving any symptoms of glycosuria. In my humble opinion, considering how little light has been thrown by pathological research and the most critical examination of the dead body in regard to the seat of the disease, the true cause is still unknown. There was a time when the seat of the malady was believed to be in the kidneys; but this has been exploded long ago in post-mortems. On diabetic subjects, however, these organs have been found to be much enlarged; but is this not a consequence of the long-continued excess of work they have been called upon to perform. From the kidneys, our attention is generally directed toward the liver, for this organ has been demonstrated as the great sugar producing organ of the system; but the pathologist is a little at fault here, too, for no lesion can be found, and I have read this very day that a good observer, Prof. Da Costa, refuses to believe that a defective liver is a cause for diabetes. Where next shall we look?

Comparative anatomy, with its experiments upon the lower animals, helps us in our researches, and it has been demonstrated by this means that irritation

made between the origin of the pneumogastric nerves in the floor of the fourth ventricle almost instantly produces a deposit of sugar in the urine of the animal so experimented upon. From this fact, many have supposed that a sub-acute form of inflammation of the floor of the ventricle was the true cause of diabetes, but post-mortem proofs fail to demonstrate this theory, ingenious and likely though it might be.

Bouchardat, the eminent French physiologist, has given an opinion basing the cause of this disease upon the pancreas, an organ that had heretofore met with no consideration in connection with the malady. He also finds no reason to consider that diabetes is transmissible from parent to child, but has often noticed it in brothers, owing, no doubt, to some predisposition common to both, or to similar habits, diet, etc. He is not disposed to assign any influence to climatic conditions, except that the symptoms are aggravated by cold and wet when there is exposure.

Is it not strange, in this strange disease, that while sugar is present in nearly all nursing and pregnant women, yet diabetes is rare among the sex? but if the disease is present, Bouchardat remarks that conception rarely, if ever, takes place. From the opinions that we have from careful observers, though, indeed, not many, yet there is much contradiction, and while Bernard insists that there is a peculiar ferment in the blood which converts glycogen into grape sugar, and that the conversion is constantly carried on in the liver in the normal state, Pavy directly opposes this theory, and claims that the liver is not a sugar producing organ, but a sugar-assimilating one. He also states what is now generally admitted by all, that sugar is always present in minute quantity in otherwise normal urine, corresponding to the amount existing in the blood, and favors the belief that the disease is brought about by an imperfect assimilation on the part of the liver over the saccharine principle, so that it is not appropriated or converted into glycogen, but is allowed to pass on into the general circulation, and the excess of sugar in the blood is evidenced by the presence of a corresponding amount of urine. Does not the knowledge of all the facts known of the disease so far, bring us

more to the belief already expressed, that the disease is one of degeneration, of nerve decay, of malassimilation?

But if we cannot positively locate the lesion of the disease, we can at least give hope to the sufferer, and promise that much can be done to prolong his days; and that treatment can be, and has been, addressed to the symptoms which has more than once resulted in a perfect cure. Yet, on the other hand, great caution is necessary in giving a prognosis, until such time, at least, as the effect of the treatment is perceptible; for often the very best efforts have resulted in a total failure to reduce either the density or quantity of urine.

As the symptoms of this malady are of such a striking nature, I will record some of them in detail. Perhaps the first thing which attracts the patient's attention is the great increase of the quantity of urine, and this is sometimes enormous; there are cases on record where as much as twenty to forty pints were excreted in twenty-four hours. There is another prominent symptom which should always direct our attention towards this disease, and that is a steadily increasing emaciation while, at the same time, there is a normal or increased appetite. An instantaneous thirst also torments the patient; but this is, of course, an effort of nature to supply the waste going on. Dyspeptic symptoms are prominent, and the skin is often afflicted with an ill defined and painful suppurating sore, secreting a dark sanious pus. This sore generally lasts a few weeks, but is likely to be followed by others of the same nature in different localities. As the disease progresses, great debility ensues, and the urethra of the male, and vulva of the female, are the seats of much irritation, amounting in the latter to an intolerable pruritus; the cause of this is probably the long continued irritant action of the sugar on the mucous membranes. In the fatal cases of the disease, toward its close, there is a change in the symptoms; the amount of urine decreases, the sugar diminishes, frequent diarrhoea is the rule, there is a disgust for food, and the patient sinks into a fatal coma from the blood poisoning and the great exhaustion.

Now as to the treatment and management of this disease, there is much di-

versity of opinion. Those who believe the liver entirely at fault are in favor of using medicines which act upon that organ, as podophylin, taraxacum, etc.; while those who believe the medulla oblongata with the great sympathetic nerves are the seat of the disease, advise the preparations of opium. I have no faith in the efficacy of any of these drugs; am inclined to think that they do more harm than good. A rational treatment should be our guide in this malady, and a specific one as far as regards the sugar production. Diet is of the very first importance, the diabetic diet, which every one knows consists of articles containing no sugar, or starch to be converted into sugar. My plan in this disease is to feed my patients, and feed them well. Animal food of every kind is suitable; on hare soup and stewed rabbits, I have seen patients retrace their steps from the downward journey. Milk should never be withheld unless positively disagreeing. Fresh peaches I once saw recommended, and among the cases I have treated they always seemed to do good. I will outline the whole treatment, which I believe the best, by relating one especially interesting case.

I was called to a gentleman about the first of September, 1884. He was in his 46th year, and had been of fleshy and muscular build, but at this time had been sadly wasted. His exhaustion had been very great, and he was passing 240 ounces of urine every twenty-four hours, having a specific gravity of 1044, the quantitative analysis showing about 10 per cent of sugar. He had been taking pretty good doses of opium, which he claimed helped him, but which surely did not cure him. His doctor gave him little hope, and the treatment, I presume, was intended as a last resort to "let him down easy." I stopped his opium at once, and the next day, from the loss of the effect of the drug, he was unable to rise from his bed. He had confidence, however, and I told him that I would supply its place by a pint of sound claret every day. I had him take in addition to this, 10 drop doses of *rhhus aromatica*; he was also taking the potassium bitartrate, a salt in which I have great faith in lessening the quantity of sugar. With these two medicines, and a strictly diabetic diet, I

promised to improve his condition. He insisted upon my coming every day. I did so, and watched an improvement slowly coming. He had not been out of his room for two weeks before my introduction, but on the 9th day of my visit I was rather surprised to hear he was not home, in fact had gone a short distance to purchase a fresh supply of peaches. This I thought pretty encouraging. On his return, we measured the urine of the past twenty-four hours, which was always carefully preserved, and it had diminished from the original 240 ounces to 67 ounces, and to prove that his strength was returning, although still feeble, he made his ramble out doors. I kept him on this treatment until the end of November, and in that time he had but one relapse, when the amount of urine excreted ran up to 100 ounces. He calls occasionally for treatment for vertigo, but there is no sign of his original disease, and I am encouraged in the belief that in time his health will become fully restored. This case has some remarkable points. The fact that the disease did not return on leaving off the diabetic diet and returning to an ordinary one, after three months, and the good effect of the *rhhus aromatica*, which is truly worthy of a trial in this most peculiar disease.

On the Microscope.

BY
WILLIAM JONES, M. D.
NEWBURGH, N. Y.

I am an old man, and have passed through the whirl and excitement of a busy professional life, and am approaching the evening of a long active day, and as an inducement to young physicians, I can say the most pleasant and profitable hours of my time have been spent with the microscope.

It is a very interesting, pleasant, and instructive companion. It engaged many hours of my time that should have been, perhaps, devoted to rest, before I became familiar with its working, and the nature of its teachings, for we were strangers to each other, nor had I the advantage of having the assistance of any one who had a microscope.

All of its virtues I was compelled to learn myself, but let me assure you the

knowledge I have acquired is worth all the time given to the study, and the expense it has been to me.

The microscope will present more objects of interest and benefit than can be obtained in any other way.

As regards brilliancy of colors, and endless variety of form, or structure, that will be presented to one's view, to say nothing of benefit to be derived as affecting our health, and the new ideas it will suggest, there is nothing that will compare with it.

For it is an accepted fact, almost every branch of science is under obligation to the microscope.

It is impossible to study advantageously either physiology or pathology, without a previous knowledge of the tissues and organs of the body, and that knowledge is greatly facilitated by the aid of the microscope. It is not only physicians who are benefited by the microscope, for it is constantly in demand in solving the practical every day wants of society; and, too, in the detection of science its services are frequently put to the most severe and critical tests, and the fate of our lives and liberties has often been decided by the testimony of the expert in microscopy.

Objects are found every where, in the rocks, in the earth, in the streams, in the sea, and even in the air we breathe, which become intensely interesting when examined with a microscope.

The germ theory of disease that is being so generally agitated, and which, too, so many of our best informed physicians believe to be the cause of many diseases which most of us may be called upon frequently to prescribe for, and for that reason if no other, every physician should become familiar with and have at his disposal, the means with which he may investigate the matter for his own credit and satisfaction, to say the least; for it is a fact to be regretted there are not more than one physician in every ten who can converse intelligently upon the subject; not because, perhaps, they are not generally informed, and well read, but because they have felt but little interest in investigating the advantages that may be derived from the study of microscopy.

One who has studied and become familiar with the science of microscopy, is in possession of a knowledge in diag-

nosing disease that cannot be learned in any other way.

And, also, it is often the only source from which we can diagnose or prognose many diseases with any degree of certainty or satisfaction to ourselves or our patients. Phthisis pulmonalis, Pneumonia, Erysipelas, Diphtheria, Bright's disease, Malarial fever, relapsing fevers, and Rheumatism, from the latest researches, are unquestionably of bacterial origin.

From the past twelve years experience, I am convinced many other diseases are caused by the presence in the system of living parasites.

And we must bow to the microscope as being the only source through which we have obtained such valuable information.

It is truly surprising that an instrument possessing such superior advantages to the physician, should have been regarded by him with so little interest. After having spoken so favorably of the advantages of the microscope, you may, perhaps, feel interested to learn where one may be obtained, and what is necessary to know that you may select a good one. J. Zentmayer, of Philadelphia, has the reputation of making as good stands as can be found in the market. T. H. McAllister, 49 Nassau Street, New York, Benj. Pike's Sons, 928 Broadway, New York, and others, also make first-class stands.

J. Beck, Thos. Ross, S. Collins, of London, England, have agents in this country who sell their stands, and good ones too.

The prices of good microscopes range all the way from \$75 to \$1,000, depending upon their beauty of workmanship, and the convenience of applying accessories.

It matters not how beautiful, or how convenient, a stand may be, if the objectives are not of good quality, a microscope will not amount to much. There is much to learn as regards light, such as reflected light, transmitted light, and polarized light. Transmitted light passes through the object which is examined, which must therefore be transparent; polarized light is light that has been made to traverse certain crystalline substances before it is transmitted through the object; reflected light is ordinary day light, which may be allowed to fall

upon an opaque object, and the intensity of the illumination may be increased by employing a concave mirror or a bull's eye condenser.

And again, in selecting objectives, it is important they should be properly corrected for spherical and chromatic aberration; if they are not, they are useless. Spherical aberration may be known by the want of sharpness when a fine line or small spot or body with a well defined circular outline is examined. Instead of the lines appearing sharp and distinct and definite, they seem blurred and foggy.

If an objective has not been properly corrected for chromatic observation, lines are seen with colored fringes, if under corrected, blue; if over corrected, the lines will be reddish.

There is another point that should not be overlooked in selecting a stand: flatness of field. It is known by moving the object about; if the focus is the same in any direction you move it, without altering the focus, the field is all right.

The angle of aperture of an objective, is a point that there are numerous opinions in regard to; I believe for ordinary work it will be found inconvenient if the object-glass comes too close to the object. And this is the case in glasses having a high angle of aperture.

Glasses with a high angle admit much light and define many structures very distinctly, but such glasses are not adapted for ordinary work.

William Wales, of Fort Lee, N. J.; R. B. Tolls, of Boston, Mass., (the latter now dead) have the reputation of making the best achromatic objective glasses that are made in the world, and their first-class glasses cost from \$15 to \$100 each. But there are others who make good objective glasses: R. and J. Berk, Thos. Ross of London, Gundluch of Berlin, all of whom have agents in this country who sell their glasses at reasonable prices.

Most of the work that is done with a microscope is done with low power, with glasses that magnify from 10 to 200 diameters. If one is investigating in biology they will want the highest power.

In conclusion, I cannot, perhaps, say anything more interesting than to describe the manner the vascular and

arterial system is injected, and how insects are prepared and mounted.

In the first place, I capture one, which I place in liquor potassa for 24 to 48 hours, for the purpose of dissolving the internal viscera. I then remove it and place it upon a glass slide, and apply a few drops of water, and with a mounted needle and a camel's-hair brush press and brush out and away everything but its skin, nerves, legs, and feelers; when it is quite clean, I apply a few drops of alcohol, and finally a drop or so of cloves or spirits of turpentine, which renders it transparent; when it becomes dry it is fit for mounting.

I now take a glass slide which has previously had a glass, ember, or brass ring cemented on its centre, and place the insect within the ring, and fill the ring with prepared balsam-fir, and cover it with a thin glass cover, and if any air bubbles should appear, I remove them, and it is finished.

This manner of mounting insects prevents them being flattened or crushed, and their bodies fill with the balsam, and they appear full and plump as in life, and as transparent as glass. The manner of injecting is as follows: I take a young kitten, rabbit, bird, or rat; I place them under a glass vase, with a sponge saturated with chloroform; when the animal has become insensible, or nearly dead (having everything in readiness), I remove them, and as soon as possible cut down to the heart (before rigor mortis takes place), and pull it up, remove the pericardium, make a small slit in the left ventricle, insert a four or six ounce syringe (previously filled with warm gelatine and carmine) into the aorta, and gently press down the piston until the right ventricle becomes distended with the natural blood of the system. I then make a small slit into it and let the blood all run out, then tie a cord or tape about the heart, and continue pressing in the injection of gelatine and carmine until the body of the animal is distended and the entire vascular and arterial system to the minutest capillaries are completely filled, which you may know from the appearance of the bottoms of the feet, end of the nose, the ears, and the tongue. I then remove the syringe, and tie around the large arteries and veins, at the base of the heart, and lay the animal

in ice water to harden the gelatine; when sufficiently hardened, I remove all or any part of the animal that I may wish to preserve for future use, and place it in weak spirits; after a day or so I place it in strong alcohol, to harden. Should it be placed in strong spirits at first, it would cause the gelatine to shrink, and consequently impair the beauty of the injection. After it has become sufficiently hard, I take any part I may desire; if it is an intestine, I fill it with melted tallow or prepared wax, and with a razor moistened with alcohol, I cut the thinnest piece possible, and place it on a clean glass slide, and press all of the moisture out of it. When perfectly dry and smooth, I add a drop of oil of cloves, to render it transparent; then I place it on a clean glass slide, and drop a few drops of prepared balsam fir, and cover it with a thin glass cover, which is pressed down upon it, until all air blubbers are removed, and it is finished. And it will show the veins, arteries, and capillaries as perfect as may be desired.

Parotitis.

BY

JOHN W. FYFE, M D,
SAUGATUCK, CONN.

We are having quite a severe endemic of mumps in this region; and getting into our high school of some eighty or more scholars, swollen parotid glands have become very popular among the young people.

Most of the mild cases, of course, get along very well on the stay-at-home-and-don't-get-cold treatment, but a large number have been too severe for the purely expectant plan of treatment.

The latter cases have done well on aconite and phytolacca, or veratrum viride and phytolacca, according to special indications, adjuncts being used only when specially indicated. When a local application has seemed needed, it has been phytolacca and belladonna.

The case of one young man, the most severe of the lot, I will report. He was attacked on Sunday and vigorously pursued the stay-at-home treatment until Friday night, when I was called to see him, and found his condition to be as follows: Pulse, 100, full and bounding; temperature, 105°; tongue of usual red-

ness, glutinous and nasty; parotid glands very much swollen; right testicle enormously enlarged and painful. The patient was very restless, and had not slept any the night before. I prescribed:

R. Veratrum viride, tinct. ʒ gttss. x.
Phytolacca, tinct. ʒ gttss. xx.
Aque..... ʒ iv.

M. Sig. Teaspoonful every hour, in alternation with

R. Acid sulphuric. ʒ i.
Aque..... ʒ iv.

M. Sig. Teaspoonful every hour.

I supported the testicle in a suspensory bandage, and ordered

R. Phytolacca, tinct. ʒ ʒ ss.
Belladonna, tinct. ʒ ʒ ii.
Aque..... Oi.

M. This mixture was made as hot as could be comfortably borne, and applied to the testicle by saturating a piece of woolen flannel, which was allowed to remain two hours, when hot cider brandy was applied in the same manner and for the same length of time. These applications were continued in this way throughout the treatment.

The patient also had one-sixth of a grain of the sulphate of morphia and one-eighth of a grain of the extract of belladonna, in the form of a granule, at bedtime.

On this treatment the young man improved very rapidly, and was discharged well on the fifth day from my first visit.

ORIGINAL TRANSLATIONS.

[All translations from the French, unless otherwise specified, are by Mary A. Sears, New York City.]

The Treatment of Cholera.

Dr. Charles Elloy, in his article on the Treatment of Cholera (*L'Union Médicale*), divides the disease into four periods: premonition, establishment, the comatose state, and reaction. He says: "gastro-intestinal catarrh is the prominent pathological symptom, and is accompanied at first with uneasiness, with or without diarrhoea, nausea, vomiting, and lassitude. This catarrhal condition borrows its clinical significance from its frequency at the beginning of the disease. In its different degrees and varied forms, its first appearance should be treated speedily and energetically. Whether it is called gastric

irritation, *cholérine*, or *diarrhœa cholériforme*, whether it is attributed to the heat or cold, or to the excessive use of alcohol, does not matter; it should have immediate treatment."

This diarrhœa, called premonitory, is a sign of catarrh of the digestive tract, and at the start is amenable to simple treatment, and the physician is then well prepared to combat the attack, and often to prevent it altogether. With this object, and during this period, purgatives and emetics should be used in order to modify the gastro-intestinal inflammation, and to drive the microbes out of the stomach. According to some authors, purgatives should not be used, as it is claimed they "hasten the passage of the poison from the stomach into the intestines: that is to say, from an organ where it finds itself in contact with a true antidote (gastric juice) to another where it meets with the most favorable conditions for the exercise of its deleterious properties."

Nevertheless, all physicians do not agree in this opinion, and lately, our *confrères* of the Southeast have used with success the saline purgatives so severely proscribed by others. M. de Villiers, in a note to the Academy, considers these remedies useful, and does not hesitate to recommend them.

The belief that the disease can be antidoted with ipecacuanha before it reaches the intestines, is often a mistake; still, without advising its use in all cases, I believe it to be of benefit in warding off the *saburral* state. Treatment by emetics moderates the catarrh of the stomach, leaving the intestinal catarrh. This diarrhœa is not a healthy elimination, and, according to the theory of microbes, is most favorable to their development. To combat these microbes, opium is universally used. Its action, however, is not known, and the explanations that have been given are open to dispute.

Liquid preparations of this drug are preferred to pills and powders, and it is usually given in the form of the laudanum of Sydenham, in doses of from twenty to thirty drops daily, by the mouth, if the diarrhœa is slight, and by enema if it is tenacious. Associated with anti-spasmodics, such as ether, chloroform, or valerian, or with stimulants, laudanum and the black drops

form the basis of the varied formulas used by physicians. After the opiates, come the astringent and absorbent powders, employed alone or with other remedies. Camphor and the sub-nitrate of bismuth can be given with benefit.

M. Henri Huchard recommends a preparation which can be given the patient if there is any delay in the arrival of a physician. It consists of mixing in a glass of sweetened water, a teaspoonful of the subnitrate of bismuth, a teaspoonful of the elixir paregoric, U. S. P., and a dessertspoonful of rum or cognac. This should be given every half or quarter hour. The elixir of paregoric of the United States Pharmacopœia differs from that of the French Pharmacopœia, and is less active than the latter.

M. Gibier prescribed after each movement of the bowels, pills composed of sulphate of quinine, extract of aconite, camphor, and tannic acid. Whatever may have been the confidence of our confrère in this prescription, he evidently does not rely upon it alone to combat the disease, as he prescribes enemas of laudanum to be given at the same time. M. Henri Huchard prefers morphine to other opiates, and employs it with the subnitrate of bismuth in the composition of pills. In connection with this treatment, friction, alcoholic stimulants, warm baths, equable temperature, and rigid diet, are universally advised.

(To be Continued.)

Corrosive Sublimate in Obstetrics.

Two cases of fatal poisoning have been reported, one from Stadtfeldt (Copenhagen), the other from Streuger (Mannheim), from the intra-uterine injection of the liquor of Van Swieten: Dr. Hofmeier* also reports two cases of poisoning from the use of corrosive sublimate, the one fatal, the other serious; and while commending this medicine as the best known antiseptic for the prevention of puerperal complications, warns physicians against its use in cases where the kidneys are in any degree diseased. According to Bouchard, who published, in 1870, his observations on mercurial poisoning, "diseases of the kidneys render these active medicines poisonous even when given in small doses."—*L'Union Médicale*.

* *American Journal of Obstetrics*, 1884, p. 935.

The Medical Advocate,

A Monthly Journal of Medicine, Surgery and the Kindred Sciences.

EDITOR: Joseph A. House, M.D.

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We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

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EDITORIAL.

The State Board of Health of Missouri in its efforts to establish a censorship over the medical profession, has met with a decided set back, in the shape of a decision by Judge Noonan of the Supreme Court of that State. It is but just to presume that similar decisions would be rendered in other States if the constitutionality of the medical laws was brought into question. Narrow minded, half taught doctors have of late become almost insane over the importance of protecting the people by legislation against quacks, while the chief object is to protect the field of practice for themselves. The sooner the profession understand that legislative enactments cannot over-ride constitutional rights, the sooner will we be freed from the farce of attempting to advance the best interests of medical science by compulsory laws.

Judge Noonan's decision is a wise, common sense document, and teaches a

valuable lesson; hence, we append it for the benefit of our readers.

State of Missouri vs. J. Cresap McCoy; Practicing Medicine without a license.

The present status of the case is this: On cross-examination of the State's only witness, the defendant was proceeding to show that he had "complied" with all that the law required of him, an objection was raised by the State on the ground that section 8 of the act concerning practice of medicine and surgery, gives the board exclusive authority to judge whether the defendant had been guilty of such conduct as warranted it refusing him a license, and that this court was precluded from again going into the subject, but was bound by the decision of the board on the point. Thereupon the court intimated that there was in its mind considerable doubt about the constitutionality of section 8, and this question now comes up.

The entire act, including section 8, is unconstitutional for the following reasons:

1. By the act the medical board is made a court with judicial power to hear and determine causes and render judgment of expulsion against members of the profession.

2. The legislature has no power under the constitution to establish such a court.

3. The said court purports to try citizens and "deprive them of property" without a trial by jury, to which every one is entitled.

First, section 8, together with the other sections, constitutes this medical board a "court." It has been so decided by the Supreme Court in State ex rel. Granville vs. E. H. Gregory et al. In the last part of the opinion (subdivision 4) the court says: "The board in the discharge of duties in reference to the issuance of certificates, is engaged in the performance of those things which essentially partake of a judicial nature, requiring the examination of evidence and passing on its probate force and effect, requiring the exercise of judgment and the employment of discretion. Now while courts on suitable occasions will apply the spur of mandamus to put the discretion of inferior courts in motion, yet, etc., etc."

Hence it is plain that these sections make the State medical board a court, especially does section 8. It provides that licenses may be revoked. . . . after giving the accused an opportunity to be heard in his defense before the said medical board. That is, the board has a physician brought up on a charge; it swears witnesses; hears evidence; renders a judgment and then passes sentence. Like any other court its decisions in any particular way cannot be forced upon it by mandamus; and in short it has all the insignia of courts except a jury. [See Tet. "Hearing," 1 Bour., law dict., 662.]

Second, if it be granted, then, that the board in its exercise of judicial functions is a court, it is in that respect an unconstitutional court.

The constitution, article 6, section 1, provides as follows:

SECTION 1. The judicial power of the State as to matters of law and equity, except as in the constitution otherwise provided, shall be vested in a supreme court, the St. Louis court of appeals, circuit courts, criminal courts, probate courts, county courts, and municipal corporation courts. [See Tet. "Judicial Power," 1 Bour., dict., 766.]

Hence it is plain that the legislature in attempting to confer some of the "judicial power of the State" upon a court not mentioned in this section is unconstitutional.

The court of 1865 expressly authorizes the legislature to establish inferior courts. [See Tet. "Judiciary" sect. court, 1865.]

Third, a man has a right to "labor in his vocation to earn an honorable living." This is as much his property as his good name or his pocket-book. Hence it is against our bill of rights to deprive him of it without trial by jury of his peers. Section 8 gives the board express authority to deprive a citizen of this proprietary right without a trial by jury, and the section is therefore contrary to both spirit and letter of the constitution.

I further hold that the board cannot deprive a citizen of his property; and the right to practice one's profession is property, without proceeding according to that "process of law" recognized by our constitution.

This proceeding goes further, and

seeks to fine and imprison defendant. It seeks to bind this court with the finding of the State board, and further asks this court to determine that the board's judgment must be enforced and recognized here.

This I hold cannot be done. The motion to discharge on the State's case will be sustained.

NOONAN, Judge,

* * *

In the next number of the *ADVOCATE* we shall commence the publication of a work by Dr. C. A. F. Lindorme, entitled "The Scientific Unity of Medicine, or Homœopathy and Allopathy Reconciled." It will be in the form of a serial, running through eight or more numbers of our journal. When the work was completed, it was the intention of the author to have it published in book-form, but in view of the fact that a much wider circulation could be assured for it by bringing it out through the columns of the *ADVOCATE*, he consented that it should thus appear.

As the title implies, the purpose of this work is to show that Homœopathy and Allopathy, so far from being opposed to each other in principle, stand upon equal and mutual ground, and that there exists no scientific basis for their continuance as distinctive schools. Furthermore, it proves conclusively, to unprejudiced minds, that the principles which govern Eclectic practice, form the only true basis upon which the art of medicine can ever approximate a science.

The author, in his preface, says: * * * "I feel confident that the reader, after having perused the present work, will agree that I accomplish the task which I have undertaken; and that after a critical examination of my book, there remains no plausible motive of dissension for any thinking mind, i.e., one that does not *want* to persevere in pertinacious opposition. My book, be it ever so small, does even more than that. Its function is not only a negative, but also



Robert A. Gunn, M. D.

a positive, one; it shows not only the perfect nullity of the allo-homœopathic dissension, but it exhibits the fundamental principle of medicine; it exposes not only the hollowness of the reigning medical dualism, but it displays the unitary basis on which allopathy and homœopathy meet as on their legitimate mutual field. * * * The only method of reconciling the inimical brethren, is in the establishment of a fundamental principle of all medicine which every practitioner cannot help accepting."

The work is written in an interesting style, and should be read by every liberal physician who hopes for the day when all barriers between the schools shall be swept aside, and all sects and isms abolished.

* * *

We published in our last issue (see "Periscope," page 85) rules for determining the safety of canned goods used as food. These rules are applicable only to such goods as are intended to be hermetically sealed, and do not at all apply to fruits and preserves that are sold in tin pails and unsealed cans. This latter mode of putting up preserves has become quite popular, and, in view of recent investigation, promises to be even a greater menace to health than that attending the use of sealed canned goods.

The chief chemist of the Brooklyn Health Department has been analyzing the preserves and jellies that are sold in that city in unsealed cans and pails, and in his report, recently submitted to the Health Commissioners, he says that in nearly every instance he found tin in large, and lead in small, quantities in the preserves.

"While," he says in his report, "tin does not seem to be affected to any considerable extent by the fruit acids in hermetically sealed cans deprived of air, the case as here shown is quite different when there is a free supply of air. Both

tin and lead are dissolved under these circumstances, and, in my opinion, no fruits put up in this manner can be considered as safe. For this reason I have directed the inspectors to go through all the principal streets and take from the stores all such fruits and jellies, which has been done.

"Between six and seven hundred cans, or about twelve hundred pounds, have come into our possession, and are undergoing analysis by the chemists, except in the cases where dealers have consented to destroy them without such analysis."

These investigations are timely, and should be adopted by Health Departments in all our cities and towns. At the same time, sealed canned goods should be subjected to examination, especially with reference to the so-called swells, or cans which have undergone fermentation with the generation of gases in sufficient quantities to swell the ends of the can.

Such goods are frequently seen upon the shelves of grocers, and are disposed of by unprincipled dealers, to customers who are ignorant of the risk to health and life they thus run.

* * *

"Our Portrait Gallery" for April will contain the portraits of Dr. Alexander Wilder and Dr. Robert Koch, the eminent scientist.

MEDICINES are more completely absorbed in the stomach before breakfast than at any other time, excepting in cases where gastric catarrh is present. The greater part of remedies administered immediately after a meal passes off by the bowel, very little entering the circulation.

HEMORRHAGE FROM THE NOSE.—Hemorrhage from the nose usually proceeds from twigs of the facial artery, which are supplied to the structures lining the interior nares, and may almost always be arrested by compressing the ala firmly between the thumb and finger.

OUR PORTRAIT GALLERY.

Robert A. Gunn, M. D.

BY

PROF. ALEXANDER WILDER.

Dr. Robert A. Gunn was a native of the Dominion of Canada, and of Scotch ancestry. He has the Highlander physiognomy and characteristics, as any one long acquainted with him will readily perceive. The Celtic intensity, ambition, restlessness, fondness for argument and conflict, with the desire to have it soon over, appear in what he undertakes, and he would have shone, a few centuries ago, in a creagh or foray, where daring or bold adventure won their due distinction. Many of these proclivities operated to induce his selection of a calling and his proficiency as a surgeon. He is suave and affable, hot in conflict, but not long cherishing ill-will or anger, enthusiastic rather than patient, warm in friendship, kind and obliging, and generally meaning to be just and fair in every relationship and transaction. He became an Eclectic, not so much, perhaps, from an affirmative sentiment as from a chafing under the despotic and barbarous ethics of the Old School. He would, therefore, be found foremost to resent the endeavor to put the new wine into the old bottles, as those are attempting who insist on a code and arbitrary discipline in the New School, like what is fast falling into disrepute, even among those pledged to sustain it.

Robert A. Gunn was born in Cornwall, Ontario, on the 28th of October, 1844. His parents were, according to the fashionable parlance of the day, poor but honest, and they spared no pains to give him what they regarded as a wholesome early training. He was not, however, content with the life and prospects which appeared before him. He was emphatically what the laborious class denominate "lazy"—the usual epithet given by such persons to those who would not be content to delve and let all their faculties rust for want of activity. He was another Norval, and disdained the rustic's homely life, ambitious to make a career for himself. After attending school at Caledonia, in the British Dominion, he returned home at the age of sixteen, and began teaching in the district school in his father's neighborhood. He was thus employed for the space of two years; occupying his spare hours in the meanwhile in the study of medicine under the supervision of Dr. William McPherson, the family physician. He then went to Buffalo to attend lectures in the medical department of the University. He had special opportunities at this time for the study and practice of surgery at the military hospitals, and likewise at the hospital at Fort Porter, which he took advantage of in order to acquire proficiency in the art. Having completed a full term of study with honor, he received the degree of the University as a physician, February 22, 1866.

He engaged in practice, shortly afterward, at Bay City, Michigan, and soon found plenty of patrons. This aroused the jealousy of rival practitioners, who soon trumped up a charge against him for violation of the Code of Ethics. He had treated a patient success-

fully according to the method suggested by an "irregular physician." The Medical Society, however, acquitted him, but he did not get over the disgust which this narrowness and bigotry aroused. He left Bay City, where he had lived a year and a half, and took up his residence at Chicago. Here, in association with Doctors H. D. Garrison, A. L. Clark, H. K. Whitford and others, he took part in founding the Bennett Medical College, and for two years occupied the Chair of Surgery in the new institution. He also established the *Chicago Medical Times*, and conducted it during the period of his residence in Chicago.

At this time, a convention of Eclectic physicians of the United States was held at Chicago, and revived the National Eclectic Medical Association. This organization was originally formed at Cincinnati in 1848, under the auspices of the late Prof. Thomas V. Morrow, John King, and others; but, after an existence of some ten years or more, had ceased to hold meetings. Dr. Gunn became the secretary at the reorganization in 1870, and held the position five years.

Resigning this professorship in the Bennett Medical College in 1871, he removed to the city of New York, and was elected to the Chair of Anatomy and Operative Surgery in the Eclectic Medical College in May of that year. He continued in this position till 1874, when, having accepted the professorship of surgery in the New York Free Medical College for Women, he ceased his connection with the other institution. He filled the Chair till 1875, when he resigned, and devoted himself to active duty as surgeon and general practitioner. He also held the position of secretary of the Eclectic Medical Society of the State of New York for two seasons; a principal duty of the position being to prepare and publish the *Transactions*. He performed this duty to general acceptance.

In the spring of 1878, he took part with several others in the establishment of the United States Medical College. Their purpose was to maintain an institution of broad and tolerant sentiment, with a curriculum and standard as high as the most advanced medical college in the United States. The history of the enterprise is familiar to every body. Its very merits constituted the chief ground of hostility toward it. Every other medical institution, of each school of practice, treated it as their principal enemy. Even the State Board of Illinois most unwarrantably lent itself to the conspiracy. Nobody ever seriously questioned its character; its standard was higher than that of other colleges in New York and elsewhere; it had adopted the Harvard graded course,—all which were virtually so many reasons against it. Yet it rode the storm six years, against the most unjustifiable warfare that ever assailed a noble and honorable endeavor.

Dr. Gunn held the positions of Professor of Surgery and Dean of the Faculty. He had now achieved a national reputation both as a teacher and a surgeon; having few superiors among his numerous rivals and competitors. He also established *The Medical Tribune* as an advocate of the college and champion of free medicine, unhampered by code or arbitrary restric-

tions; and maintained it till July 1884, when it was merged with THE ECLECTIC MEDICAL ADVOCATE. Aside from the duties and labors here enumerated, Dr Gunn has also written the following works: *Hand-Book of Hygiene and Domestic Medicine; Nature and Treatment of Venereal Diseases; Medical Intolerance; Forty Days without Food; Vaccination, its Facilities and Evils*. He has also edited four volumes of the twelve published by the National Eclectic Medical Association; also Vol. VI. of *Transactions of the Eclectic Medical Society of the State of New York*. In addition to this, he has been a frequent contributor to various journals.

His standing as a surgeon is deservedly high. He has performed all the major operations with unsurpassed skill and the happiest results. Of later years he has given much attention to orthopaedic surgery, and had the most gratifying success. He may justly be set down as among the foremost in his profession, with every prospect of a career that will greatly surpass his former achievements. Personally, he makes friends easily, and is greatly admired for his urbane disposition, his readiness to discharge professional and other duties, and his general success. It would, perhaps, be too much to praise his ability in financial respects, but no practitioner in the Eclectic school, so far as is known, has as large and remunerative a practice. It is but just, however, to say that he has fairly and honorably earned his distinction, and merits its rewards.

Joseph Rodas Buchanan, M. D.

Dr. Joseph Rodas Buchanan, the founder of Anthropology, is one of the class of original thinkers, whose researches and discoveries are too far beyond the sphere of contemporary knowledge to be fully appreciated until the lapse of a century shall have completed an intellectual revolution.

Of Dr. B. personally, we have not many particulars. Few statements concerning his private life have ever been made public, and the portrait we have been enabled to offer our readers is the first presentment of his countenance that he has consented should appear. His most intimate friends do not hear him speak of his own exploits or life. It is known, however, that he was born at Frankfort, Kentucky, December 11, 1814, while his father was engaged in editing a newspaper called the *Palladium*. From his father, he seems to have inherited his characteristics. Dr. Joseph Buchanan, senior, was a poor scholar of delicate health who, more than eighty years ago, obtained an education at the Transylvania University, Lexington, Ky., and afterwards led a life of great intellectual activity until his death, by fever, in 1829. He was a prime mover in the establishment of the Transylvania Medical College (afterward removed to Louisville), which was for many years the leading medical college west of the Alleghanies. He was appointed to the chair of the Institutes of Medicine, and subsequently published a portion of his course under the title of "Philosophy of Human Nature," 1812. He spent

many years in editorial labors, and was an ardent friend of Henry Clay. He was a man of retiring habits, and entirely indifferent to the acquisition of wealth, but a bold and profound thinker.

His son, the subject of our sketch, was a boy of precocious mind. At the age of seven he was familiar with history, geometry, and astronomy, and at the age of thirteen had acquired a good English education and mastered Blackstone's treatise on law. His father designed him for the legal profession, but the son was averse to it. His father's death left him without resources in his fifteenth year. He became a printer for self support, but soon resumed his studies, engaged in teaching, attended medical college, and found himself irresistibly attracted to the solution of the great mystery of medical science, the unknown functions of the brain. He studied critically the views of Gall and Spurzheim, and devoted himself to their propagation as a lecturer, from 1835 to 1841, in which last mentioned year he achieved the crowning success of his life by discovering the impressibility of the brain, and demonstrating its functions by experiments on living men.

Filled with enthusiasm, and believing that a demonstrable science must be accepted, he left Little Rock, Ark., where his discovery was made and published, and endeavored to enlist the Faculty of his Alma Mater at Louisville, but in vain. The learned Prof. Caldwell, the founder of the College, was the only one who could be induced to give the subject any attention, and he told his colleagues that the name of Dr. Buchanan would be remembered when they were all forgotten. One of the gentlemen he thus addressed was the late Prof. Gross, of Philadelphia, who was regarded in his later years as the very head of the profession in America.

About this time, Dr. B. married an accomplished lady, Miss Anne Rowan, daughter of Judge Rowan, the most eminent citizen of Ky., with the exception of Mr. Clay. Two of his sons by that union are successfully engaged in the practice of law at Louisville, and one is actively engaged as a minister in the Episcopal Church. His daughter lives in Missouri, and several grandchildren give promise of honorable lives.

In 1846, his services were given to the Eclectic Medical Institute, at Cincinnati, Ohio, the parent school of Eclecticism, and for five years he held position of Dean of that College. During that period, he also edited the *Eclectic Medical Journal* and *Buchanan's Journal of Man*. In 1855 he was withdrawn from this field of labor by the care of his family, but in 1877, after the death of Mrs. Buchanan, he resumed his work for Eclectic medicine in the Eclectic Medical College of New York. His entrance into this Institution raised it from a prostrate condition and quadrupled its class during the four years of his attendance. Not being satisfied with its management, he resigned in 1881, since which date he has been chiefly engaged in authorship.

In the winter of 1881-82, he married Miss Cornelia H. Decker, a lady whose remarkable psychometric genius renders her an admirable

companion in his labors, and whose personal worth secures many friends.

It is greatly to be regretted that the Doctor has published comparatively little of what he has written. His *Epitome of Anthropology*, of 400 pages, has long been out of print, and those who have copies prize them highly. At present Dr. B. is located in Boston, where he is devoting his time to authorship, and preparing to give to the world of science the rich results of a life time of original investigation and scientific research.

Dr. B. has just published the first of a series of works on the subject of Sarcognomy; it will soon be followed by "A Manual of Psychometry" (probably in April next), and a "System of Electro-Therapeutics," based on Sarcognomy, and a new enlarged edition of his *Anthropology*—a complete exposition of the constitution of man and the principles of philosophy. He has also nearly completed a critical exposition of "Philosophy and Philosophers," which will probably produce a sensation when published, and make a stir in the Universities which still patronize obsolete systems of metaphysics, to the neglect of science. Dr. B. is now past his 70th year, and enjoys a vigorous health which gives promise of many more years of usefulness in this sphere.

Charles Edwin Taylor, M.D.

Dr. Taylor is a resident of the Danish West Indies, where he is well known as a liberal minded and outspoken apostle of medical reform.

He was born in the city of London, England, June 12, 1843, and is of highly respectable parentage. At an early age he was sent to France for his education, and in that country laid a solid foundation for the varied attainments which, in later years, have so distinguished him in literary and scientific circles. On the completion of his studies, he left the Old World for the New, and after travelling extensively through Canada, the United States of America, and the West Indies, he finally settled in the Island of St. Thomas. It was here that the memorable prosecution which made his name famous throughout the Danish West Indies, was instituted against him for practicing animal magnetism, and dispensing homœopathic medicines in contravention of an old law of 1672. The lengthy litigation in connection with this suit, Dr. Taylor's refusal to pay the unjust fine inflicted upon him, his condemnation to seven times forty-eight hours bread and water and fourteen days' imprisonment in consequence, and his almost immediate release through his fellow-citizens promptly stepping forward with the necessary amount as soon as he was incarcerated, are circumstances still fresh in the memories of those who so nobly sustained him. The people's petition to His Majesty the King of Denmark, headed by the chairman and members of the Colonial Council, foreign consuls, and leading inhabitants, setting forth the services of Dr. Taylor to the community, and praying that his skill and devotion might be recognized, is such a recommendation in itself, that we do

not wonder he prizes it above any other he has so justly acquired during a long series of persecutions in behalf of a more liberal system of medicine than that which exists in those colonies.

It is hardly possible to do justice to his labors in the limits of an article like this. It will be sufficient to state that he is an indefatigable worker, and finds time amidst his numerous occupations to contribute many papers to the medical literature of the day. He is a determined foe to alcohol, tobacco, and compulsory vaccination, evils which, he believes, have done more harm to the human family than war or pestilence. He holds that all zymotic diseases are the outcome of filth, and that by living pure and healthy lives, mankind would be exempt from them, and such theories as those of Pasteur and Jenner no longer possible.

He is a member of the executive committee of the *Ligue Internationale des Anti-vaccinateurs*, Foreign Corresponding Secretary of the London Society for the Abolition of Compulsory Vaccination, as well as Honorary Member and Fellow of several scientific and literary societies in Europe, Asia, and America. Added to this, he has been the recipient, on more than one occasion, of valuable testimonials from his fellow-citizens who, on all occasions, have evinced the most lively interest in his welfare, and the theories of which he is the pioneer in their country.

Dr. Taylor is married to a most estimable lady, a native of Santa Cruz, famous for its beautiful scenery, and as being a health resort for Americans during the winter. They have several children, and a large circle of friends deeply interested in their welfare and happiness. The Doctor is now on a visit to this country, and expresses himself as much impressed with the progress which has been made in all branches of knowledge, and particularly in that of medical science, as well as by the impetus which has been given to it by those who have dared to step out of the beaten track in defiance of bigotry and prejudice. He will carry our best wishes for his success upon his return to the land of his adoption.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—I wish to procure a good microscope for use in my practice. If any of your readers possess such an instrument, and would dispose of it at a reasonable price, I should be glad to have them communicate with me through the *Advocate*. Send description of microscope and accessories.

MICROSCOPIST.

EDITOR ADVOCATE:—I notice in your journal some inquiries in relation to proprietary preparations. Will some one of your readers kindly give me the formulæ for preparing the following ointments and mixtures: "Page's Arnica Cerate," "King's Ointment," "Redding's Russia Salve," and "Dennis System Renovator and Blood Purifying Syrup."
A SUBSCRIBER.

EDITOR ADVOCATE:—In your last number, J. G. asks for an effective treatment for catarrh. I have had under my care quite a number of such cases and have been fortunate in greatly benefiting all of them, and curing a large number. My treatment is as follows: with a nasal syringe, inject three or four times daily a solution of powdered hydrastis root in the proportion of ten grains of hydrastis to $\mathfrak{z}\text{ij}$ of water. We all know the great influence hydrastis exerts over mucous tissue, and by the above treatment I have seen severe cases helped almost immediately, and cured within a few weeks. I am, of course, speaking of chronic cases that had persisted for a long time and defied almost every other form of treatment.

A. L. SWEET, M. D.

EDITOR ADVOCATE:—Dr. D. C. Parris enquires, in your February issue, who invented the hypodermic syringe, and when? It was invented by Dr. Alexander Wood, of Edinburgh, Scotland, about twenty years ago, I do not know the exact date. Dr. Wood's recent death was reported in the English papers.

F. L. STYMUS, M. D.

ALBANY, Feb. 15, 1885.

EDITOR ADVOCATE:—In answer to J. G. (February ADVOCATE) please give room for the following treatment for catarrh, chronic or acute, which comes the nearest to a specific of any thing I have used. It has been very successful in a practice of several years:

$\mathcal{R}$. Fl. Hydrastis (aqueous), - $\mathfrak{z}\text{iv}$.
Sodii chloride, - - - $\mathfrak{z}\text{ij}$.
Loaf sugar, - - - $\mathfrak{z}\text{j}$.
Aque puræ q. s. - - - $\mathfrak{z}\text{vi}$.

M. Sig. one teaspoonful to one half pint of soft, warm water. Apply locally by snuffing up the nostrils from the hand. This method is better than us-

ing a nasal douche, as it carries the liquid further back. Also use as a gargle every night and morning. It is necessary to instruct the patient to continue treatment for some time if a radical cure is expected; many leave off treatment as soon as better, and, of course, the trouble will soon return.

J. W. RUE, M. D.

GREELY, IOWA, Feb. 20, 1885.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

FOR PRURITUS.

EDITOR ADVOCATE: I send you two good formulæ for this troublesome affection, when seated in the anus or vulva; the first is:

$\mathcal{R}$. Tinct. iodine, - - - mxx.
Cosmoline, - - - $\mathfrak{z}\text{j}$.

M. Sig. Anoint the parts twice a day; before using the ointment, bathe with castile soap and water.

The second prescription is especially useful in pruritus vulvæ:

$\mathcal{R}$. Nitrate of silver, - - - grs. ij.
Aque, - - - $\mathfrak{z}\text{j}$.

M. Sig. Moisten a soft piece of muslin and place between the lips of the vulva; change every two hours. This will give sure relief.

C. A. BORDEN, M.D.

PORT BYRON, N. Y., Feb. 8, 1885.

EDITOR ADVOCATE:—In response to the invitation in your last number, I contribute the following to your department of Formulæ:

AN EXCELLENT TONIC.

$\mathcal{R}$. Ferri et quinae citr., - - - gr. xl.
Acidi hydrobrom., - - - $\mathfrak{z}\text{ij}$.
Syr. limon, - - - $\mathfrak{z}\text{j}$.
Aque q. s. ad., - - - $\mathfrak{z}\text{vi}$.

M. Sig. One-half to one dessertspoonful two and a half to three hours after meals. This combination will be found useful as a general tonic—notably in cases of convalescence from low forms of systemic disease, and in all cases accompanied by anæmia and debility.

FOR WHOOPING-COUGH (THE CONVULSIVE STAGE).

℞. Hydrate of chloral, - - - 3j.
 Brom. of potassium, - - - 3ij.
 Syr. of wild cherry, - - -
 Aquæ, - - aa - - - 3j.

M. Sig. One teaspoonful three or four times a day, for an infant six months old.

FOR CYSTITIS IN THE MALE.

℞. Copaibæ, - - - 3 ss.
 Acidi benzoici, - - - 3 iss.
 Syr. of gum arabic, - - - 3 iv.
 Ol. gaulth., - - - gtt xx.
 Aq. menth. q. s. ad., - - 3 viij.

M. Sig. A tablespoonful every four or six hours,

FOR INSOMNIA.

℞. Hydrate of chloral, - - gr. xv.
 Brom. amon., - - - gr. xij.
 Carb. amon., - - - gr. ij.
 Syr. of tolu, - - - 3 ss.
 Aquæ, - - - 3j.

M. One dose for an adult.

FOR VOMITING OF TEETHING CHILDREN.

℞. Subnitrate of bismuth, - 3j.
 Carbolic acid, - - - gr. j.
 Mucilage of gum arabic, - 2 ss.
 Aq. menth. pip., - - - 3 iss.

M. Sig. One teaspoonful every four hours, to a child six months—omit when relieved. Half an ounce of this mixture, three or four times a day, will relieve vomiting in pregnancy.

LEMON T. BEAM, M.D.

JOHNSTOWN, PA.

FOR GONORRHOEA IN FEMALES.

℞. Chlorate of potassa, - - 3j.
 Glycerin, - - - 3x.

M. Sig. Apply locally. Shake thoroughly in a vial until the potassa is all dissolved. This is also a valuable dressing for ill-conditioned wounds, ulcers, and as a local application to ulcerated mucous surfaces, as in aphthous affections of the mouth, leucorrhœa, nasal ulceration, etc.

ECLECTIC SELECTIONS.

DIPHTHERIA AND DIPHTHERITIC CROUP.—

If there be one topic more than another I have thought about, read concerning, and asked the observing for experimental revelations in regard to, it is diphtheritic croup. I do not mean mild cases which

get well under phytolacca, chlorate of potash, and other more or less reputable agencies, for a charm doctor can handle such successfully, but I mean cases in which the little sufferers cannot speak in a whisper, in which their lips are purple, in which the struggle for breath is so great that the eyes are wild and the hands are thrown about the mouth and throat as if clutching for breath, and in which the respiration is whistling and crowing in sound. In such cases the adventitious membrane exuded upon the lining of the larynx, trachea, and bronchial tubes, is as insoluble as a goose quill. If the tough exudation extend deep into the respiratory passages there is no chance for aeration of the blood, hence death from asphyxia. Tracheotomy puts off the fatal issue, but is not in its nature curative.

Although the disease be primarily constitutional, the fatal asphyxia is from local interference with aeration. To overcome, then, the topical obstruction is to offer a rational method of cure. A solution of bichromate of potash carried into the larynx with a firm feather plucked from a dove's wing, will sometimes disintegrate the exudation; a grain of the salt dissolved in four ounces of water is the approved strength. The feather dipped in the solution, and applied every half hour, is meddlesome enough for the good of the patient. A solution of biniodide of mercury—a grain to six ounces of water—is another wash which is about as efficient as the one mentioned.

A hot poultice of boiled onions should cover the neck and upper part of the chest.—*Eclec. Med. Jour.*

THE GYNÆCOLOGICAL TREATMENT OF NERVOUS WOMEN.—The occasional dependence of nervous affections on disease of the genitalia, and the successful results attained from the treatment of the same, has unfortunately led to the too general advocacy of gynæcological measures in nervous diseases in females. It is time to recognize that such measures may do harm as well as good. Hysteria is essentially dependent upon a constitutional predisposition, often of hereditary origin. Disease of the uterus or ovaries may favor this predisposition by the general debilitating effect which it produces, or may serve as an exciting cause in a reflex way by irritating the

genital nerves; but we believe this is not the case as commonly as is generally supposed. The two are often found together because the same soil favors both. Many cases occur where the cure of the uterine disease does not affect the nervous malady, also where the latter is cured by proper measures, while the uterine disease remains, and beyond question there are many cases where the local examination or treatment necessary to the relief of uterine disease has directly provoked an aggravated nervous disorder. This effect is, perhaps, produced principally by mental causes, the humiliation to the patient, especially to a maiden, and the dwelling of the mind on the genitalia or disease of the same, being potent means for harm. We feel that we cannot too strongly condemn the promiscuous examinations of maidens, or even married women, simply because there are nervous symptoms. It may be laid down as a rule to which there are not many exceptions, that local diseases which produce nervous symptoms, cause also local symptoms, and it is, therefore, time enough to examine for uterine disease in nervous affections when local symptoms manifest themselves.

We should always bear in mind, in such cases, that the *general* treatment, the toning up of the nervous system, is the most important object, and furthermore, the duty of the physician demands much more than the mere treatment of existing nervous symptoms. He should warn society that the idle lives of its fashionable ladies, with just such employment or amusements as heat up an already wayward imagination, or foster the morbid feelings in their nature, must produce hysterical and other nervous affections in them, just as overwork, intense application to business, the worry of speculation, and even more, the unfortunately common habits of public and private gambling, are leading to immense mental injury among men. The physician should follow the history of the predisposed individual and attempt to prevent the development of the disease. He should inculcate the practice of proper hygienic regulations in childhood; point out a system of education that will soundly develop body and mind, and lead to habits of self-control and unselfishness, but especially at the period

of puberty, by suggesting useful employment or earnest study; should guard against means that heat a too fervid imagination; and, above all, try to keep the thoughts from the genital functions. When the disease already exists, proper moral, hygienic, and constitutional treatment, hydrotherapy, etc., and in very obstinate cases the plan of treatment brought forward by our eminent countryman, Dr. Weir Mitchell, will often lead to the happiest results.—*Mass. Eclec. Med. Jour.*

A CASE OF SPINAL CARIES, PSOAS ABSCESS, FISTULA IN ANO.—On the 2d of June, 1884, Mr. H. brought a two-year old child to my office, which he said was suffering from a boil near the anus, which was running more or less every day. Upon examination I found a small red-looking place about a half inch from the anus, from which was oozing a thin, purulent discharge. A probe could only be introduced about three-quarters of an inch. As it did not seem to open into the rectum, I told Mr. H. that it was a blind fistula, and recommended an operation for the radical cure of the same. He asked a few questions regarding the dangers of the operation, and departed.

I heard no more of the case until about the 1st of August, 1884, when the child was brought back quite emaciated, bowels in a bad condition. On a careful examination I found one leg perished away. The twelfth dorsal vertebra showed evidence of caries—as the father expressed it, “a knot on his backbone as large as a hen’s egg;” bowels greatly distended; a thin, watery discharge was coming from them every two or three hours. In fact, everything indicated a commencing tabes. The fistula in about the same condition as when seen before. For the bowel trouble it was put on *carbo. ligi., syr. hypophosphites comp.* I then posted the father in regard to the probabilities of an abscess in the gluteal region; in ten days the child was brought back much improved in general health. For the caries: $\mathcal{R}$ —*Liq. potas. arsenitis; tr. iodine aa 3ss; syr. simplex 3ij. M. S.*—Three drops three times a day, alternated with: $\mathcal{R}$ —*Pure corn whiskey Oij.; fl. ext. sarsaparilla, fl. ext. phyto-lacca, fl. ext. berberis aq., fl. ext. stillingia,*

aa3 ss. M. S.—Tablespoonful three times a day.

These alternations were kept up, alternated each day for about three months, when the abscess had fully formed in the gluteal region. An aspirating needle was introduced, but the pus was so near the surface the needle was removed, and a free incision made with the bistoury; about one quart of pus was discharged immediately.

At this writing the child is growing fast, very little deficiency can be discovered in the vertebra, the perished limb is as large as its fellow on the opposite side, and the fistula almost ceased discharging. But singular to me, the child has never complained of any pain during the whole progress of the abscess, and has kept in a healthy condition since the bowel trouble was relieved. — *Geo. Eclectic Med. Jour.*

HOMOEOPATHIC SELECTIONS.

REMARKABLE TOLERANCE OF A FOREIGN BODY IN THE EYEBALL.—In the spring of 1875, John Murphy, white, aged 18 years, employed as a machinist in the Gulf Railway shops of this city, while engaged with a lathe in polishing a journal which had been repaired with Babbitt metal, was struck in the eyeball with a piece of metal. He took the evening train for St. Louis, where the stump was treated but not amputated, owing to the mildness of the inflammatory action, which was soon controlled. In due time he was fitted with an artificial eye, and has continued to wear it ever since. During the last three or four years his stump has been sore at times, with occasional twinges of sharp pain, and within a few weeks some muco-purulent discharge has been noticeable, with increased soreness. On December 28th, while making a small opening in the stump with a view of obtaining free discharge, the knife struck a hard substance, which upon investigation and removal proved to be a fragment of Babbitt metal. The fragment measured three-eighths of an inch in length, one-fourth inch wide, one-sixteenth in thickness. It was very irregular, sharp on the edges, and nearly covered with a thin incrustation of lime. It was deeply imbedded in the tissues, and had lain there for ten long years, producing, as we have seen, but very little irritation.

Mr. Murphy is a strong, healthy man, at this writing, temperate in his habits, and the vision in his right eye is excellent. — *Amer. Hom.*

A NEW REMEDY FOR DIABETES.—**SIZYGIUM.**—The fruit of the *Sizygium jambolanum*, an East Indian plant belonging to the natural order Myrtaceae, has recently been somewhat in demand on the continent for use in the treatment of diabetes. M. Banatrala has found in three cases in which he has tried it that its use led to a diminution in the amount of urine secreted, and that it caused the disappearance of sugar. The results were manifested in forty-eight hours after taking the medicine. During the time that the patients were submitted to the action of the drug, they could take amylaceous food with impunity. The astringent rind of the fruit seems to be the active part. — *Hom World.*

DR. CONSTANTINE LIPPE died suddenly January 1st, 1885, at his residence, 68 West 50th street, New York, of pneumonia. Dr. Lippe was born at Carlisle, Pa., in 1839, and was educated at the University of Pennsylvania. On the breaking out of the war, he had just graduated at Cleveland College, but he patriotically laid medicine aside and joined the First Pennsylvania Lancers, and was soon promoted to a captaincy. At the battle of Cold Harbor he received a severe wound from a shell which incapacitated him for service, and from which he never fully recovered. As a man and a physician his death has left a blank hard to fill. As a true follower of Hahnemann, he had few equals and no superiors.

ARE HIGH POTENCIES NIL?—G. N. Brigham, M. D., Grand Rapids, Michigan.—It has been figured out as a mathematical problem that there are no dilutions beyond the 10th or 12th that can have in them any of the original substance. Now is it not just possible that we have a question to deal with here, where mathematics do not apply? Mathematics do nothing in the way of explaining to us the laws of the transmutation of force. They do nothing in the way of explaining the laws of Catalysis, propagation of the fermentive principle or any of the phenomena which



Joseph Rodes Buchanan, M. D.



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attends vital action. The magnet shows its influence on matter which is not in contact with the metal, and yet mathematics cannot help us in the explanation of the phenomena. Much more helpless the task if one attempts to figure upon vital magnetism. The arm by the effort of the will is made to lift 30 pounds—but who has attempted to figure upon the nerve-force thus expended, and yet it is a veritable force. What is disease? Presumably the essential fact is, that cell-life is impaired. All life has its beginning, it is now agreed, in cells. Later experiments seem to prove that each cell is a magnetic battery in itself. These cells are on the infinitesimal scale. It is fair to conclude that the curative action of our remedies is upon the cells and the vital or magnetic force that presides over this cell-life.

What we know of force or energy in matter, as yet is but little. In spectral analysis we thought we had sun-force included in the visible rays of the spectrum till recently, but the bolometer now shows that eight times of the sun's energy lies in the invisible spectrum. All this invisible energy acts powerfully upon the vegetable and animal kingdoms. Only the sensitive bolometer detects it. Suppose then that the high attenuation does not show the color of a metal by spectral analysis, neither is any part of this eight to one power of the spectrum shown by a similar test. But the nerve-force can and does measure it the same as the bolometer measures the invisible spectrum. Neural-analysis proves that. But, suppose we had no demonstration of this kind, would we be compelled to exclude the highest order of evidence—experience—the testimonies of the sensations and changes in vital movements; that cannot be held for a moment. The mind is king here and mathematics only one of his toys. Now when I report to my medical conferees that I have seen the action of the thirtieth attenuation I mean what I say, and so of the 100^m. There is no mistaking the facts any more than that we have day and night. I do not say what the attenuation was in fact, only that it was so labeled. It might in a mathematical sense be no higher than the Hahnemann thirtieth attenuation. But even this thirtieth is just as much under

the ban. For one I have come to more and more appreciate the wonderful genius of Hahnemann, and do no longer wonder that his thirtieth potency had become such a favorite. Our German investigator proves the soundness of his observations.

I began my practice in Homœopathy as a "low dilutionist." I think most men do. My experience has led me to the plane which I now occupy. But let it be understood that I use all grades of attenuations; I am in no sense an exclusive. In chronic diseases, however, I rarely use a remedy below the thirtieth attenuation, and my patients recover even better than they did when I used low attenuations altogether. Recoveries are often even startling. If my patients recover on nothing but faith then blessed be faith, and let us take it abundantly. The horn of the dilemma is this; *the sick get better without medicine and drugs are pernicious* if high attenuations be nil. I write my experience for the benefit of young men, not for Dr. Paine and such ilk. To conclude, I ask if the spectacle is not singular that we have our allopathic brethren rushing into the dilution business at the same time that the anti-Hahnemannians in our own ranks are rushing out. Not long since we read in an allopathic journal that Mercurius cor. was an excellent antiseptic used in the proportion of one part to a thousand, and that it is extensively used by men of high authority. I have argued nothing as to what succussion does in elevating a potency. It may only set free latent molecules of which in every atom there are limitless numbers, for all that we know. It may, like the influence of the magnet—which polarizes another bar losing none of its force—medicate all of the material used for the attenuation. And like the new magnet, may impart the force again and again, the energy multiplying indefinitely and losing nothing at the central foci of action or the place of beginning. Analogy is abundant. Catalysis shows similar phenomena; the yeast plant multiplies indefinitely. The *littles* are infinite in their series, as well as the *great*. Evolution is coming to the front everywhere, and while we work, let our eyes be open to see, and our ears to hear, what the new gospel teacheth.

BONE ABSCESS.—By W. Danforth, M.D., Milwaukee, Wis.—Abscess of bone is a comparatively rare case for the general practitioner; not that its etiology is particularly obscure, or its march, duration, or result unknown, but because, and simply because, he is so seldom called upon to treat it.

A general and varied practice of upwards of thirty years has brought to my notice but few of these cases.

I am not now speaking of the inflammation, ulceration, and abscess attendant upon caries and necrosis; these are well-known pathological conditions, and often include, as resultants, suppuration and abscess; but I speak of bone-abscess simple, in which case we find as the primary and principal factor located pain, swelling, and final abscess. Such abscesses occur in one of the three situations; first, and most frequently, in the cancellous structure; if not here, then in the medulla, or between the periosteum and the bone.

While bone-abscess may result from acute inflammation, we most frequently find it chronic, either from chronic inflammation or from repeated attacks of acute inflammation. It is usually situated at, or about, the expanded parts of long bones, and in the vicinity of joints.

The destructive process may be simple (or single), or it may be continuous—that is to say, running from the original seat of the affection along the shaft of the bone, eating out and destroying most of its cancellous structure, constituting a sinuous abscess, resulting not only in a total destruction of invaded structures, but nearly or quite destroying the patient also.

Very much might be said of the habits and concomitant symptoms attendant upon these cases, but I propose to condense my remarks into as limited space as possible, while I give the gist of my experience, and the inferences and conclusions deduced therefrom. A case which I attended some years ago will best illustrate some essential points in this discussion.

Mr. C., aged 42, Englishman, of previous good health, by occupation a merchant, was seized with pain in the right arm, near the elbow, which continued with only slight interruptions for several months, finally localizing about two

inches above the elbow, on the anterior aspect of the humerus, with pain of a burning, boring character. Realizing that we were dealing with periostitis, and possibly osteitis, I put him upon the best local and general treatment I could devise.

The case went on for several weeks without improvement, and I finally punctured the point of greatest soreness, and found a bone-abscess containing an ounce of pus, the removal of which brought great relief; the humerus was stripped of its periosteum, and honey-combed at the point of abscess. There being no traumatism or recognizable cause for my patient's suffering, I was convinced that some constitutional or acquired dyscrasia must be at the bottom of it—possibly syphilitic, or resulting from bad vaccination. Consequently I put him upon iod. potass. and cod-liver oil. Improvement commenced at once, and he made a rapid and good recovery.

Almost every case of bone-abscess that has come under my observation has presented similar symptoms and yielded to similar treatment, and I am convinced that nine tenths of such cases are sequential upon syphilitic or vaccine dyscrasia.

I know of no better treatment than to prescribe for general symptoms until the trouble is localized, and then lance freely, and give constitutional remedies for dyscrasic conditions.

Iod. potass. and mercurius or nitric acid, silica, and cod-liver oil are most prominent in the list, and generally sufficient to effect a cure.

I share to the fullest extent in the growing belief that most of our chronic neuralgias, arthritic and bone rheumatisms, myalgias, and ostetic troubles are the direct result of constitutional or acquired syphilis. I am aware that many may think this too sweeping a proposition, and, indeed, question whether my premises are tenable, for they can say with truth that they know many fine families suffering more or less from the above morbid conditions, and yet entirely above suspicion as to syphilitic contamination. I quite agree with them, and yet adhere with tenacity to the proposition.

I say acquired or constitutional. If acquired, we locate the error or responsibility with reasonable or sufficient

certainty; if we cannot locate the contamination, then we must account for it in some other way.

If there is anything established in medicine, it is the fact that the human family in all so-called Christian countries is suffering from deep-toned, widespread, constitutional trouble engendered of vaccination, and it is a fairly mooted question whether all vaccination is not bad—i. e., useless as a prophylactic—and constitutionally damaging.

But some one may ask: What has all this to do with bone-abscess? I reply: Very much indeed; the contamination of blood engendered by it is probably the cause of nine-tenths of bone decay from which the human family now suffer. Syphilis and all sorts of psoric troubles have been, and are still being engrafted upon, and inoculated into, the blood of the purest and best families in all Christendom, so that no one is above the suspicion of specific infection.

On the contrary, any one presenting the evidence of constitutional contamination may fairly be suspected of a dyscrasic infection, without in the least reflecting upon their moral or social character. Any amount of substantial testimony is on record to warrant this conclusion, not the least of which is a pamphlet recently published by Albert Carter, Surgeon Dentist, of London.

Dr. Carter was an extensive traveler, visiting and studying the habits, health, and conditions of all Eastern people. He says: "The writer of this paper, during a course of extended travel, has examined the teeth of men in nearly all conditions of civilization and barbarism, and the outcome of his observation amounts to this, that wherever the people are not vaccinated their teeth are sound, but wherever the practice of vaccination has been introduced, the teeth of the people deteriorate, just in proportion as the population come under the influence of vaccine."

Corroborative of this, witness the increasing favor in which the mercurials and potass. iodides are used and commended as blood-cleansing and alterative tonic remedies; they are valuable just in proportion as they are antidotal of specific dyscrasias.—*Med. Era.*

PERISCOPE.

DR. WILLIAM BRAITHWAITE.—Mail advices from England announce the death of Dr. William Braithwaite, of Leeds, the founder of the *Retrospect of Medicine*, well known in this country. He was the oldest practitioner in Leeds, and was born in 1807. He was brought up by the Rev. Richard Hale at Harewood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterwards to his equally eminent son, Mr. Thomas Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital, commenced practice in Leeds on his own account in 1830, and filled the posts of honorary surgeon to the Eye and Ear Infirmary and lecturer at the Leeds Medical School on the diseases of women. In 1840 he commenced to publish the *Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. It is republished in America, where it is widely known and highly valued. During the last few years his eldest son has been co-editor with him of this journal.

MEASUREMENTS OF THE DEPTH OF SLEEP.

—Two of Vierordt's pupils, Mönninghoff and Piesbergen, have made the depth of sleep the subject of an investigation. (*Science.*) They worked upon the principle that the depth of sleep is proportional to the strength of the sensory stimulus necessary to awaken the sleeper, that is, to call forth some decisive sign of awakened consciousness. As a sensory stimulus they made use of the auditory sensation produced by dropping a lead ball from a given height. The strength of the stimulus was reckoned, in accordance with some recent investigations of Vierordt's, as increasing, not directly as the height, but as the 0.59 power of the height. For a perfectly healthy man, the curve which they give shows that for the first hour the slumber is very light; after one hour and fifteen minutes the depth of sleep increases rapidly, and reaches its maximum point at one hour and forty-five minutes: the curve then falls quickly to about two hours and fifteen minutes, and afterwards more gradually. At about four hours and thirty minutes,

there is a second small rise which reaches its maximum at five hours and thirty minutes, after which the curve again gradually approaches the base line until the time of awakening. Experiments made upon persons not perfectly healthy, or after having made some exertion, give curves of a different form.

VIVISECTION.—Painful experiments on animals are prohibited in England under heavy penalties, except under the following restrictions: "The experiment must be for medical or physiological purposes. The operator must be licensed under the act. The animal must be under an anæsthetic. If severely injured it must be killed before it recovers. The experiment must not be for public entertainment or for attaining manual skill. This act does not apply to the invertebratæ. There are special restrictions as to operations on horses, dogs, cats, mules and asses. Special licenses may be obtained to relax the general restrictions under certain circumstances. Applications for license must be signed and countersigned by university professors. In criminal cases, a judge may order such experiments." The majority of experiments are performed on frogs.

AFTER TREATMENT OF BREAST AMPUTATIONS.—The immediate union, or by "first intention" is not admitted to be the best way of attempting to dress these wounds by many of the Paris surgeons. Here, as elsewhere, they are divided into two camps.

M. Mouchez has lately given an account of seven cases of the removal of breast tumors. Several of them were very serious, but all of them were united at once under the antiseptic system, and healed by first intention. M. Mouchez is of the opinion that a return of the tumor is often prevented by immediate union, or at least that a longer delay is secured in this way than by the old system.

M. Verneuil, speaking at the Surgical Society, said: "For my part, I am opposed to any attempt at uniting breast wounds at once. Unless they are slight ones, made for very small benign tumors, the immediate reunion of the parts present grave dangers, and I am sure that many surgeons will agree with me in this matter. It is always very diffi-

cult to unite them, and this very fact is a strong argument against doing so. Many of these operations, properly performed, leave a wound of at least twelve to fifteen centimetres wide, which is almost if not quite impossible to join. This being so, those who wish to have an immediate reunion are forced to do what I call very parsimonious operations, and such attempts will do more than anything else to bring about a return of the tumor. I only want the record of my operations at La Pitié Hospital to show you that these wounds are not at all best treated by an attempt at union by first intention. In my last thirty-five operations I had only one death, which was that of a woman who had a cancer that had its seat in a deep organ. In all of these cases I had no erysipelas or any other complication, except in one case, which was that of a young woman upon whom I operated for a small adenoma, and, as the incision was slight, I thought I was justified in closing at once, but with bad effects, for erysipelas came on. I prefer even to exaggerate my tendency to leave these wounds open, rather than to attempt to unite them at once. It may be said that the cure takes a long time. What are the facts? My results are these: When I am forced to clean out the axillary space, it takes two months in all to get a complete cure, but the most of my patients get up after fifteen days, and at the end of three weeks return home to finish their cure.

"Now, what do we see with immediate reunion? It takes them at least three weeks to heal, and when it succeeds it almost always leaves a point open, which takes a long time to cure."

M. Desprès followed in the same strain, and stated that it was only a deception of the eye to see these wounds heal up, for most of them left a fistulous opening that was very difficult to heal, and predisposed to erysipelas. He said he dressed them open with a little lint and simple cerate.

M. Polalion said he was a partisan of immediate reunion if the lips of the wound could be made to meet. He used Lister's dressing.

M. Le Dentu was in favor of a mixed system of reuniting a part of the wound and leaving the rest open.

M. Trélat: "I am not an eclectic, but

I have a system in this matter of primitive reunion. I have always practiced it and defended it. It is a rule that I do not depart from if I can help, but the possibility of doing it will vary according to circumstances. Asepsis is indispensable to success, more so than anti-sepsis, and I hold that reunion by first intention or an attempt at it is dangerous in the hands of those surgeons who have not been well schooled in the delicate manipulations of asepsis and anti-sepsis.

"With regard to relapse, I do not believe that it will be different in one or the other mode of dressing, if the operation has been complete, which it can be in either system. Differing from M. Verneuil, I commenced treating tumors of the breast by an open dressing, but since the introduction of the antiseptic method I have reunited the lips of my wounds at once and whenever possible. If Velpeau and Nélaton did not succeed it was because they did not take the same precaution that we do—of using a drainage tube that puts all danger aside of closing a wound."

M. Verneuil said: "I affirm again what I said before—that if these tumors are taken out, as they should be, by removing a large band of the skin and the aponeurosis of the pectoralis major, and even a part of that muscle, it will be almost impossible to make an immediate reunion."

M. Champonnière, in advocating closure of the wound, said: "We make very wide cuts and take out as much as do the partisans of the open system, but that does not prevent reunion unless the tumor has passed from the breast and invaded the skin for some distance beyond. For four years I have always made an attempt to reunite, and when I fail I am no worse off than those who prefer the open dressing."—*Paris Letter in Phila. Medical Times.*

A NEW CANCER CURE.—A successor to cundurango has sprung up in *alveloz*, a new South American plant recommended as a cancer cure. The United States Consul at Pernambuco forwarded to the State Department a sample of the drug, with the statement that several cases of alleged cancer had been cured by its application. Unlike cundurango, which was an alleged internal remedy for cancer and syphilis, *alveloz* is an external application. Its mode of operation is

similar to that of jequirity, a profuse suppuration following its application to a granular surface. A correspondent of the *New York Medical Journal* relates that on receipt of the medicine, it was turned over to the Marine Hospital Bureau for trial, and a portion of the drug given to Dr. Smith Townsend by the Surgeon-General, for use in a case of lupus of the nose, near the angle of the eye. The case was of nearly forty years' standing, and had resisted all previous treatment. The ulcer was cured within a few days, and the patient was exhibited by Dr. Hamilton at a recent meeting of the Medical Society. Dr. Hamilton stated that he had under observation an undoubted case of epithelioma of the face, and that, at a future meeting of the society, he would report the result. He was not sanguine as to the virtues of the drug, but it had certainly done well in the case of the lupoid ulcer.—*The Druggist.*

THE DANGERS OF THE ASPIRATOR-NEEDLE.

—The use of the aspirator-needle has generally been considered safe, but it is certainly not perfectly so. Dr. A. Reeves Jackson reports, in the *Chicago Medical Journal and Ex.*, a case of fatal hemorrhage following its use in a case of suspected pelvic abscess. The patient was 25 years of age; had one living child, aged three years. In August, 1884, had a miscarriage, which was followed by signs of pelvic inflammation. In a few days a soft spot was discovered to the right of and one inch from uterus. The aspirator-needle was introduced. Bleeding followed, and a tampon was introduced, but the hemorrhage continued, and death ensued in less than an hour after the operation.

CONVULSIONS CAUSED BY CONSTIPATION.

—Dr. J. F. Baldwin, in the *Columbus Medical Journal*, reports the case of a lady 67 years of age, though apparently much older, whom he found in a general convulsion. The eyes were turned up, the eyelids half open and twitching, the limbs jerking about and with a slight tendency to opisthotonus. On extending the arms at right angles to the body, they would remain rigid, as in catalepsy, except some fibrillary twitching, for some minutes, when they would gradually, and with increased twitching, sink

to the sides. She was entirely unconscious, and could not be aroused. She had been in this condition for three hours. Two hours later, after several large doses of potassium bromide, she returned to consciousness, and said that she felt as well as usual. She had taken salts the night before, which had operated freely. The urine was normal. The next day her convulsions returned, and recurred daily for the next two weeks. A full dose of croton oil was administered, which operated freely. Antispasmodics, quinine, and purgatives failed to relieve her condition, and she was manifestly growing weaker. Upon making a digital examination, the uterus was found in good position, but an impaction of feces as large as a child's head was discovered in the rectum, notwithstanding the purgatives had acted freely. The mass was removed, and the patient at once recovered.

DIETARY FOR THE DIABETIC. —

MAY EAT

Butcher's meat of all kinds, except liver.

Ham, bacon, or other smoked, salted, dried, or cured meats.

Poultry. Game.

Shell-fish and fish of all kinds - fresh, salted, or cured.

Animal soups not thickened, beef-tea, and broths.

The almond, bran, or gluten substitute for ordinary bread.

Eggs dressed in any way.

Cheese. Cream cheese.

Butter. Cream.

Greens. Spinach. *Turnip-tops.

*French beans. *Brussels sprouts.

*Cauliflower. *Broccoli.

*Cabbage. *Asparagus. Seakale.

*Vegetable marrow. Mushrooms.

Water-cress. Mustard and cress. Cucumber. Lettuce. Endive.

Radishes. Celery. Vinegar. Oil.

Pickles.

Jelly, flavored, but not sweetened.

Savory jelly.

Blanch-mange made with cream, and not milk.

Custard made without sugar.

Nuts of any description, except chest-nuts. Olives.

NOTICE — Those marked with an asterisk (*) may only be eaten in moderate quantity, and should be boiled in a large quantity of water

MUST AVOID EATING

Sugar in any form.

Wheaten bread and ordinary biscuits of all kinds.

Rice. Arrowroot. Sago. Tapioca. Maccaroni. Vermicelli.

Potatoes. Carrots. Parsnips. Beet-root. Peas. Spanish onions.

Pastry and Puddings of all kinds.

Fruit of all kinds, fresh and preserved.

MAY DRINK

Tea. Coffee. Cocoa from nibs.

Dry Sherry. Claret.

Dry Sauterne. Burgundy.

Chablis. Hock.

Brandy, and spirits that have not been sweetened. Soda-water.

Burton bitter ale, in moderate quantity.

MUST AVOID DRINKING

Milk, except sparingly.

Sweet ales, mild and old. Porter and stout. Cider. All sweet wines.

Sparkling wines. Port wine

(unless sparingly).

Liquors.

— *Therapeutic Gazette.*

SOHENOK'S MANDRAKE PILLS have had an approximate analysis made of them by Hagar (Berlin), which analysis states that there is no mandrake contained in the pills; that they contain some cayenne pepper, a bitter extract, and some vegetable powder, which has a percentage of tannin. We suppose, however, that these pills are nothing more or less than a cheap vegetable cathartic pill, probably containing aqueous or alcoholic extract of mandrake root, and probably some aloes and colocynth. — *New Idea.*

DENTISTRY IN THE UNITED STATES. —

There are now about seventeen thousand dentists in the United States, and they pack into the teeth of the American people about a ton of pure gold and five times that amount of less precious metals (tin, silver, platinum, etc.) annually. Now, these metals are worth a million dollars, and it will take only about three hundred and fifty years to bury all the coin in the United States in the graveyard (another feature in favor of cremation).

There are about four million of artificial teeth made in the United States

yearly, yet only one-third of the people avail themselves of this blessing.

Perfect teeth are to be found in the mouths of only one American in eighty, the dental organs of seventy-nine being more or less affected.

This state of affairs will never improve until mothers are taught to bear children with perfect teeth, and preserve them intact until the offspring is twenty years of age.

A WRITER in the *Weekly Medical Review* says: "I have collected every catarrh, asthma, and hay fever 'sure cure' that is in the market, numbering in all fifty-eight, and have carefully examined them. Eighteen of these 'sure cures' are bald-faced frauds. One ounce of quassia chips, a pound of table salt, and forty gallons of water will make one barrel of 'sure cure' that sells for \$1 a bottle, holding six ounces; the same quantity of water, a pound of muriate of ammonia, a pound of ground cubebs, and a little common potash will make another 'cure' that sells for fifty cents a bottle, holding four ounces. These two are the best of the eighteen frauds."

IS THE REMOVAL OF THE THYROID BODY JUSTIFIABLE FROM A PHYSIOLOGICAL STAND-POINT?—The experiments of Zesas (which appear in *Archiv f. Clinische Chirurgie*, bd. lxxv, Heft 2) upon the effect of the removal of the spleen and thyroid body, have given interesting disclosures concerning the functions of these organs. During the experiments, extirpation of the spleen was alone well tolerated, but removal of the thyroid body was followed by striking manifestations. The animals for two weeks refused nearly all food, were drowsy, walked with tottering gait, and died usually in convulsions. These effects were also manifested in animals which had survived the removal of the spleen, and from which subsequently the thyroid body was removed. In them was also observed an enormous increase in the number of white blood corpuscles. In those animals from which the thyroid body alone was removed, the increase of the white blood corpuscles was not so remarkable as it was in those in whom the spleen only had been removed. Ablation of the thyroid body produced notable anæmia

of the brain and hypertrophy of the spleen.

The lymphatic glands, especially those of the mesentery, were frequently greatly enlarged, and filled with a black pigment. It therefore appears from these experiments, that the thyroid body not only has the function of acting vicariously for the spleen, but also plays an important part in regulating the supply of blood to the brain, and may in fact be considered as a special organ for this purpose. Zesas decides from his experiments that the removal of the thyroid body is not justifiable, and his conclusions are strongly supported by the results of this operation performed on man for the scrofulous degeneration of the organ.—*Medical News*.

AN INTERESTING DISCOVERY.—On December 16th last, two young men, while prospecting at Point Sal, one-half mile from shore, in Santa Barbara county, California, made a discovery of considerable scientific importance, in the shape of a male and female petrefaction. They were lying supinely (I think) and eighteen (probably) inches apart and covered with a bluish clay. This region abounds in gypsum or sulphate of lime. Hands are crossed on breast, and feet are attached. The man was probably a Caucasian, and is five feet seven inches high, and appears to have been pierced with a bullet about one inch to the left of the umbilicus, and made its exit about the same distance from the left aspect of the spinal columns, where is to be found a tumor as large as a hen's egg. Occiput is flat and smooth, and was resting on the flat rock when discovered. The female was, probably, an Indian, and is five feet and two and a half inches high, and has six toes on the right foot. Her cranium seems to have been punctured on the right temporal region, with an oozing of brain substance, indicated by a tumor as large as a turkey's egg. The two weigh 970 pounds.—*Medical World*.

SOME FORMS OF GANGRENE.—A Clinical Lecture by Prof. Th. Billroth, Vienna. Published in the *Medical Press*.

We have completely given up the theory that inflammations may result in consequence of cessation of nervous activity. This theory was, for example, supported

in those cases in which pneumonia has come on after division of the vagus; then pneumonæ are, however, to be explained by the fact that anæsthesia of the glottis which follows division of the nerve readily permits the entrance into the lungs of irritating foreign bodies. We rather maintain that cessation of the circulation is the cause of the mortification, of the gangrene. Disturbance of circulation must not always be attributed to blocking up of the vessels, as it may be caused by the arteries being so firmly contracted that no more blood can enter them. The contraction of the vessels must be continuous and complete, so that no more blood courses through, and finally, the vessels must be terminal arteries if gangrene is to take place. How long does a part of the body emptied of its blood retain its vitality? Much longer than one would believe. In cases of local anæmia produced by Esmarch's bandages—as we use them in amputations—the observation has been repeatedly made that extremities which have been kept completely bloodless for two hours recover completely. But the blood vessels do not remain completely uninjured when kept empty longer. First, we remark that when we have kept an extremity bloodless in the way we mention fifteen minutes, the capillaries have become paralyzed. When we take off the elastic bandage we see that the blood enters the vessels with greater force, that the parenchymatous bleeding is greater than if no local anæmia had been produced. This shows that keeping the blood vessels empty for a longer period has an influence on their walls, they are no longer able to offer normal resistance to the blood pressure; if the anæmia is continued for a still longer time, however, the walls of the vessels undergo such changes that they are no longer able to keep the blood fluid—the blood coagulates.

When in cases of inflammation the changes that take place in the tissues are continued to the walls of the vessels, if the infection that sets up the inflammation extends to the walls of the vessels, coagulation takes place. There are cases of whitlow that pass on to gangrene so rapidly that, judging from other analogous processes, it is highly improbable that the gangrene results from simple thrombosis, but we must assume that it

is a bacterial ferment that robs the tissues and the vessels of their vitality. Those cases are interesting in which gangrene sets in a very short time after the reception of trivial injuries. Thus I have seen the following cases: The finger of an individual was bitten by the fine-pointed tooth of a squirrel. The wound was the size of a pin head, and yet twenty-four hours after the receipt of the injury, the finger was gangrenous. Here one must assume that some poison accidentally present on the point of the tooth was brought into the wound, and that this produced such changes in the vessels that the vitality of the tissues was destroyed. The gangrene that follows the bites of adders is similar. The poison, in the act of biting, is injected into the wound, swelling and hyperæmia follow with great rapidity, and not unfrequently, also, gangrene.

I have had the opportunity during the last six months of seeing three cases of gangrene following the ignorant application of concentrated carbolic acid to the finger. For some object or other a medical man had ordered a patient's finger to be enveloped in a five per cent. solution of carbolic acid; in a short time the finger became gangrenous. A similar occurrence took place in two other cases. As regards the form of gangrene, it was dry in these cases.

Those forms of gangrene are very rare that result from narrowing of the vessels in extreme anæmia, so that in the smaller vessels no circulation takes place. This form is called gangrene exanæmia, and mostly occurs in hyperchloric individuals. Still completely enigmatical as to their nature and etiology are those cases of gangrene which the French have designated by the terms *asphyxie locale* and *gangrene symétrique*. It is not only the peripheral parts of the extremities that are now affected, but gangrenous patches make their appearance symmetrically on other parts of the body. The slough falls off and healing takes place by granulation. The symmetrical appearance of the gangrene is attributed, by most observers, to an affection of the nerves of the vessels. The case I present to you bears all the characters of *asphyxie locale*. The patient (female) has already lost the tip of the right index finger by gangrene; you now see the index finger of the left



Charles E. Taylor, M. D.

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hand gangrenous. The condition of the patient does not permit us to assume gangrenous anæmia. She has a good color, the radial artery is well developed, the heart normal. The cause of the gangrene must lie in the arteries of the finger, perhaps in the *arcus volaris*.

Gangrene from ergotine poisoning depends on a spasmodic contraction of the spasmodic smaller arteries. * * *

Enigmatical forms of gangrene may follow any of the acute diseases. Various causes may underlie the development; generally they depend upon emboli; in many cases blocking up the smaller capillaries by bacteria may be considered. In so called marantic gangrene the primary coagulation of the blood in the capillaries takes place in consequence of weakened circulation. This weakening of the circulation may depend 1, on diminished energy of the heart; 2, on thickening of the walls of the arteries; 3, on atheromatous changes in the arterial walls which have lost their elasticity. All these causes are frequently in play simultaneously; it is then no wonder that the parts lying far away from the heart become gangrenous, as the blood stream does not reach them. A not unfrequent form of the marantic gangrene is that which follows thrombosis of the femoral artery below Poupert's ligament. The gangrene that follows acute diseases is also improperly described by many as marantic.

GASTRITIS FAVOSA: A NEW DISEASE.—At the meeting of the Vienna Imperial and Royal Society of Physicians on the 28th of November, Prof. Kundrat exhibited specimens of a unique kind. The case was one of *favus universalis* which had given rise to an abscess of the thigh, and had terminated fatally from severe gastro-intestinal disorder marked by an uncontrollable diarrhoea. Numerous erosions mingled with diphtheritic swelling were found in the mucous membrane of the stomach, and the intestines contained some foul putrescent masses and much mucus. Prof. Kundrat at once declared the diphtheritic swellings to be due to the *favus fungus*—a view which was confirmed on microscopic examination. This is the first recorded instance in which the *mucorinæ* have been the cause of death, as it is the first of *favus* of the stomach and intestines.

Indeed, the naked-eye appearance of the tumors in the stomach closely resembled the *favus* cups on the skin, and the fact that but little of the fungus was found in the intestine was explained by Prof. Kaposi by their having undergone putrefaction in the bowel. The patient had previously been shown to the Society by Prof. Kaposi as a rare instance of *favus*, which covered the entire body, affecting even the finger-nails (attributed to his habit of scratching himself constantly). *Favus* of the stomach is as unknown a condition in animals as it is in man; at any rate, Prof. Csoker, of the Vienna Hospital for Animals, stated that it never occurred in cats, although these animals frequently eat rats infested with the fungus. Prof. Bamberger suggested that in this case the gastric mucosa was in an unhealthy condition at the time of infection, thereby affording a favorable nidus for the growth of the fungus. It must be born in mind that the *mucorinæ*, unlike the *schizomycetes*, can thrive in acid liquids, and may therefore grow with impunity in the stomach. The case is of great importance, as showing that, if they do not gain access to the interior of the body, these fungi may be a source of danger and lead to a fatal result, thereby disproving the usually-accepted notion of their harmless character.—*Lancet*.

VENEREAL ORGASM IN WOMAN IN PROGRESSIVE LOCOMOTOR ATAXIA.—Dr. A. Pitres, Professor of the Bordeaux Medical Faculty, narrates in the *Progress Medical* three cases in which "clitoridian crisis" were observed at the beginning, or in the course of, progressive locomotor ataxia. All three of the subjects were between forty and fifty years of age and in all the spontaneous voluptuous sensations were observed some time before the characteristic symptoms of the disease were manifested. In one of them the interval was four years. She was living with her husband, and conjugal pleasures were moderately indulged in; yet suddenly, without any lustful thought, or artificial excitement, a sort of tingling was felt in the vagina, then the clitoris was effected by the sensation, and its erection occurred, and very soon followed an undoubted erotic spasm with ejaculation, as in normal coitus. These spontaneous voluptuous

crises were almost always repeated three or four in the same day, and then were absent for one or two weeks. In a second patient the voluptuous crises were present for a year, and in a third ten years before the characteristic symptoms of the disease manifested themselves.

From his observation of these cases Dr. Pitres concludes that the presence of clitoridian crises ought to lead to the suspicion of tabes dorsalis, even when every other symptom of the affection is absent; and that when these crises coexist with even one of the ordinary symptoms, the disease may be diagnosed in the absence even of all actual disorder in the coordination of movements.—*Phil. Med. News.*

GAS TAR AS A HEALTH PRESERVATIVE. The serious outbreak of cholera with which France has recently been visited has caused inquiry to be made as to the extent to which persons engaged in particular manufacturing operations enjoy immunity from or are rendered more susceptible to the attacks of epidemic disease. It has been known almost ever since the establishment of gas works that the exhalations arising in the various processes of gas manufacture, although, perhaps, not specially pleasing to the olfactory organs, are not detrimental to health, but are, on the contrary, highly beneficial in special forms of disease, such as whooping-cough and croup. The extensive use, in throat ailments, of preparations in which some form of carbolic acid figures largely is a testimony to the value of this derivative of coal tar as a therapeutic agent. A recent issue of the *Journal des Usines a Gaz* contained an article in which particulars are given respecting certain investigations made by a Dr. Lemaire some years ago into the subject of the influence of coal tar and its derivatives upon the health of the workmen employed in the preparation of these substances. His inquiries were made chiefly in connection with the employees of the Paris Gas Company. He found that those whose duties did not necessitate a prolonged stay in the parts of the works where tar was to be found, were liable to all kinds of ailments, and formed a considerable proportion of the number on the sick list; while

among the workmen specially occupied with tar, only three were sick in the course of seven years. This result is all the more striking when the number of workmen in the service of the company at the period referred to is considered. There were altogether 20,553 men, of whom 764 were engaged in some occupation connected with tar.

Dr. Lemaire also cites the case of the Bayonne Gas Works, where the workmen had not only not been attacked by cholera during its prevalence, but generally enjoyed immunity from skin diseases. M. Bouley, a professor at the Veterinary School at Alfort, found, as long ago as 1860, that gas work employees escaped during cholera epidemics; and the communication of this fact to Dr. Lemaire caused him to institute his inquiries into the subject.—*Scientific American.*

PLASTIC OPERATIONS ON THE PALATE.—M. Ulysse Trelat, in a paper on plastic operations on the palate, and the determination of the age at which it is proper to operate, reaches the following conclusions:

1. It is not necessary to perform plastic operations in this locality before the child has reached its seventh year.

2. Children who are to be operated upon should be carefully drilled in the articulation of vocal sounds from the time they first begin to speak up to the time of operation. Functional cure is hastened and the ability to enunciate distinctly is rendered more certain by such a course.

Should harelip exist along with cleft palate, the indications for operation are no longer the same. In such cases it is advisable to operate in the first month or within six months after birth. The measure of success, as relates to ability to articulate distinctly, here again depends upon careful training before and after the operation.

M. Trelat further remarks concerning the operation, that when the division extends from the alveolar border to the veil of the palate and palatine arch, success is possible, but failure often results. Plastic operation is unnecessary when the fissure is not of sufficient width to admit fragments of considerable size. Simply bringing and retaining the parts in opposition is preferable.

Plastic operations are not dangerous. In forty-six cases operated upon by M. Trelat, all recovered. He operates with the patient in a horizontal position, the head bent far backwards, so as to prevent as fully as possible, access of blood to the bronchi. The food should be semi-liquid for ten or twelve days succeeding the operation. Cure ordinarily is effected in from four to eight days.—*Medical News.*

ALIVE IN HER COFFIN.—A terrible affair has just come to light on the levels near Okonoko. Mary Cox, a well-known and popular young lady residing near the mouth of the Little Capon River, was taken violently ill. The physician diagnosed the case as one of neuralgia of the stomach, and prescribed morphia. A dose was administered at once, and another was left, with instructions to give it in twenty-four hours. For some as yet unexplained reason the second dose was given in a very short time. In an hour or two after, the death of Miss Cox was announced, and neighbors prepared the body for burial, and two days later the deceased was interred. At the funeral one lady insisted that Miss Cox was not dead, and begged that a physician be sent for. That night the dogs of a man living near the graveyard stationed themselves near the tomb, and kept up a persistent howling. The neighbors talked, and the next day the grave was opened, when, to the horror of all, it was found that the girl had been buried alive. The Coffin presented a terrible sight. The lining was torn from the sides of the casket; the pillow was in shreds; and the poor girl had literally stripped the clothing from her body. Her hands and arms were torn and bloody; the lips were bitten through; and handfuls of hair lay about. The girl had come to, and evidently a frightful struggle to escape followed. The affair fills the community with horror.—*Exchange.*

SPINA BIFIDA CURED BY OPERATION.—Dr. Epley, in the *Journal Am. Med. Assoc'n*, describes a case of this disease in a well-formed female child, weighing in the neighborhood of ten pounds. A tumor about the size of a hen's egg was located over the third dorsal vertebra. It was attached by a pedicle about an inch in diameter, and at its point of at-

tachment there could be felt an opening in the vertebra the diameter of an ordinary lead pencil. Manipulation of the tumor caused the child to cry.

When the child was three weeks of age a clamp was put around the pedicle as a test of the effect which its removal might produce. This was followed by a succession of moderate convulsions. After this the clamp was removed and the pedicle was transfixed by a silk ligature, which was tied. The tumor was then removed.

Considerable nervous disturbance followed the operation, though it did not amount to convulsions. The wound healed in nine days. The tumor was found to be lined with synovial membrane and contained a small amount of spinal fluid.

It would appear that a solid stethoscope is preferable to a hollow one for all practical purposes; for the resonance of the latter tube is lost when both ends are blocked, and the vibrations of the ear-plate are checked by applying the ear thereto; consequently the bore is quite superfluous.

In the absence of the conventional stethoscope, a very good substitute is found in an ordinary champagne glass, inverted.

It is a mistaken notion to suppose that rooms with high ceilings are more conducive to health than low rooms; on the contrary, a ceiling which is moderately low assists ventilation. The vitiated air does not remain in the upper regions, but always reaches the floor by way of the walls, only a portion escaping by the chimney, if there be one. The low ceiling gives the gases less time to part with their heat. What is wanted most in the dimensions of a living room is breadth.

AVERAGE AMOUNT OF SECRETIONS IN THE TWENTY-FOUR HOURS.—*Saliva*—two or three pints.

Gastric juice—from 16 to 31 pounds.

Bile—about 40 ounces.

Pancreatic fluid—about 5 ounces.

Glandular Intestinal fluids—about 10 ounces.

Sweat—about 2 pounds.

Urine—about 50 ounces.

POISON IN KISSING.—Lives are daily sacrificed and diseases are daily communicated by the promiscuous habit of kissing. As a custom it should be abandoned among women in their greetings.

It is within my own remembrance that a boy was suddenly stricken down with that dreadful malady, diphtheria. The mother kissed the son most affectionately, but it was the kiss of death for her. I have no doubt other physicians have noted similar observations.

In the sacred precincts of the fireside, when death has laid its relentless hands on one of its members, the common practice of kissing is liable to induce septicæmia, and thus other precious lives be exposed to the venomous sting of death. As you can see more easily the action of a drug when given in a large dose, so you will see more pointedly the danger arising from kissing by giving an illustration of a malignant disease.

There is no longer any doubt in regard to the inoculability and infectiousness of consumption. It is not an established fact that it is not contagious. When you remember that more die by its insidious hands than from any other cause, but few families or relatives of families can be exempt from it. This being true, should not persons visiting such unfortunate individuals do away with the accustomed mode of greeting by kissing? A disease which has resisted the treatment of the most skilled up to the present day should be prevented if possible. Is human life to be sacrificed for the sake of conforming to a custom? Change the custom, and other ways of greeting will be equally popular and much more sensible and safe. The bacillus of phthisis is a minute form of organized life, which acts so subtly that the introduction of it into the system would not be manifested by any immediate symptoms. As surely as a "little leaven leaveneth the whole lump," just as surely will the microscopical germs multiply in the system in the most marvelous manner. Soon there will be a hacking cough, some elevation of the temperature, hoarseness or shallow voice, and the work of destruction now noticeable goes on until its victim can no longer resist its invasion, and death claims the victory. There is a disease more terrible than the two pre-

viously mentioned. It is peculiar to no grade in the social world; it is handed down "unto the third and fourth generation," when it gets thoroughly seated in the system, unless treatment be continued for years. It is more terrible than cancer, for that is not hereditary. It is constitutionally destructive, while cancer is more locally so. It eats away the palate, destroys the hearing, softens and disintegrates the bones, and in its hereditary descent produces malformations of brain and body. It is known as syphilis. It exists very extensively in this country, but more so in other parts of the globe. A person may have the appearance of health, yet the system may be poisoned by it. Such a person kissing another upon the lips free from the disease could communicate it. Every physician has seen these cases in hospitals or in private practice. Laying aside the question of heredity, a dissolute husband may convey it to his wife, and she in turn to her children or lady friends through kissing.

PAPER FLOORS.—A new and apparently good process for covering floors is described as follows: "The floor is thoroughly cleaned. The holes and cracks are then filled with paper putty, made by soaking newspaper in a paste made of wheat flour, water and ground alum, as follows: To one pound of flour add three quarts of water and a tablespoonful of ground alum, and mix thoroughly. The floor is then coated with this paste, and then a thickness of manila paper is put on. If two layers are desired, a second covering of paste is put on the first layer of manila paper, and then the second layer of manila paper is put on. This is allowed to dry thoroughly. The manila paper is then covered with paste, and a layer of wall paper, of any style or design desired, is put on. After allowing this to thoroughly dry, it is covered by two or more coats of sizing, made by dissolving one-half pound of white glue in two quarts of hot water. After allowing this to dry, the surface is given one coat of 'hard oil-finish varnish,' which comes and is bought already prepared. This is allowed to dry thoroughly, when the floor is ready for use." The process is represented to be durable and cheap, and besides taking the place of matting, carpet, oil-cloths, or

other like coverings, makes the floor airtight and capable of being washed or scrubbed.

CAUSE OF DEATH IN ANÆSTHESIA.—Death under the administration of chloroform and bichloride of methylene is due to arrest of action of both heart and lungs; death under ether and nitrous oxide occurs through the lungs alone, the heart's action continuing for some time after cessation of respiration. Death from chloroform usually commences at the heart, and is instantaneous; whereas death from ether or nitrous oxide, commencing at the lungs, may often be averted by timely artificial respiration.

CHEESE POISONING.—At the recent quarterly meeting of the Michigan State Board of Health, the Secretary, Dr. Henry B. Baker, to whose courtesy we are indebted for an account of the proceedings, continued his report on this subject. Seven outbreaks within the State had been reported within the year, one hundred and ninety persons having been affected in all, but none fatally. The symptoms were very similar in all cases, consisting of pain in the stomach, muscular cramps, coldness of the extremities, and great prostration, with violent retching and purging, lasting for several hours. In most cases, the larger the amount of cheese that had been eaten the more violent were the symptoms. Specimens of the Lowell cheese had an acid reaction and a peculiar, strong odor, believed to be due to caprylic acid or capronic acid. Examined with a one-tenth inch immersion objective, this cheese was found to contain the mycelium of a mould, and to be swarming with several kinds of bacteria in active movement. Specimens had been sent to Professor Vaughan, of the University of Michigan, and to Professor Burrill, of the Illinois State Industrial University, for further examination and experiment.—*N. Y. Med. Jour.*

THE PURITY OF IODOFORM.—In addition to the usual or possible impurities contained in commercial iodoform, which are readily detected by a systematic analysis, or by the special tests given in some pharmacopœias, there appear to be often certain others present, the nature of which is not quite understood,

and which have probably not been exactly identified. Dr. Brouma, in Leyden, was led to believe that the discordant results obtained by various experimenters with iodoform were, at least partly, due to the presence of certain impurities; and, after having made a large number of experiments with *pure* iodoform which had been found to stand the (additional) test given below, he found that it did not produce the toxic symptoms reported by others—or, at least, but rarely. The test is the following: A certain quantity of iodoform is shaken for some time briskly with distilled water, and the mixture then filtered. The filtrate is mixed with a little alcoholic solution of silver nitrate, and the mixture set aside for twenty-four hours. If the iodoform was impure, a black precipitate, consisting of reduced silver, will be formed; while, if the preparation was pure, there will only be a faint whitish gray turbidity. All samples of iodoform which produced toxic symptoms, when tested in the above manner, reduced the silver solution.—*A. D.*

PUERPERAL SEPTICÆMIA.—Professor T. G. Thomas, in an address delivered at the First Annual Meeting of the New York State Medical Association, November 19, 1884, says: "Were I called upon to sum up the treatment of a declared, undoubted case of undoubted septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:—

1. Quiet all pain by morphine hypodermically.
2. Wash out the uterine cavity with antiseptics.
3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.
4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.
5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.—*Medical News.*

BRINTON advises patients with stiff necks and shoulders to bore, with a gimlet, twenty holes, two and a half inches deep, in a soft plank daily.

HONEY OF HOARHOUND AND TAR.—Powdered opium, 60 grains; hoarhound, $\frac{1}{2}$ ounce av.; wild cherry, 2 ounces av.; ipecac, $\frac{1}{2}$ ounce av.; pine tar, $\frac{1}{2}$ ounce av.; water, q. s., or 12 fl. ounces: sugar, 14 ounces av.

Grind the drugs to a coarse powder and mix them thoroughly with the tar, pour upon them 4 ounces of water and macerate for 24 hours, then pack moderately in a conical percolator, and percolate with water until 9 ounces are obtained; dissolve in this the sugar by agitation.—*Weekly Drug News.*

NAUSEA.—It is said that a few drops of cold water thrown in the face will relieve nausea and avert a threatening vomit. This is important in cases where ether vomiting is impending, in the midst of an operation.

SELF-CASTRATION.—An inmate of the Soldier's Home, at Dayton, castrated himself a few weeks ago. He performed the operation neatly, and with very little hemorrhage. Such cases are by no means unknown, but they are quite rare.

MISCELLANY.

MEDICAL LEGISLATION.—At a regular meeting of the West Side Medical Society of this city, held on Thursday evening, March 5th, 1885, the following resolutions were presented and unanimously adopted:

Resolved, That the recent decision of the Supreme Court of Missouri, declaring the medical statute of that State to be unconstitutional, is entitled to our highest gratitude and respect, and must be regarded by every right-thinking man as an example which courts of like powers in other States ought to follow.

Resolved, That Judge Noonan, of St. Louis, in his decision discharging Dr. McCoy, and in his manly utterance of the right of every one to pursue an honorable calling without inquisitorial meddling or unjustifiable restrictions, has done honor to manhood and attested a principle of right which American legislatures had seemed to forget.

Resolved, That as the sun of Republican Liberty seems to have gone ten degrees backward on the dial toward the barbarism of the dark ages, we hope that this timely event is the signal for

its advance once more forward towards its meridian.

Resolved, That the Legislatures of Texas, Tennessee, and Ohio deserve our thanks for their refusal to enact bills to regulate the practice of medicine, which are partisan in purpose, *a treason against free government and a foul blotch on any statute-book.*

N. W. OHIO ECLECTIC MEDICAL ASSOCIATION.—The ninth quarterly meeting of the North Western Ohio Eclectic Medical Association was held at Tiffin, O., January 15, 1885. The meeting was interesting and instructive. After the transaction of usual business, the President, Dr. DeCrow, delivered an address, entitled, "The History of Medicine;" after which followed the reading of papers by Drs. Mundy, Crismore, Gemmill and Bridinger. The proposed bill to establish a "Board of Medical Examiners and Licensers" in this State, was freely discussed and denounced as class legislation. The next meeting will be held at Ada, O., April 28th.

In order to avoid the persecution to which Dr. Fordyce Barker was recently subjected through the instigation of Dr. Flint, Jr., practitioners will hereafter wear their diplomas pinned upon their coat sleeves.

MATERIAL FOR DISSECTING PURPOSES.—We are informed that a bill to legalize dissecting and giving the bodies of paupers unclaimed by friends for study, has been sent to Congress. It is believed the bill will pass.

AVENA SATIVA.—All physicians interested in the cure of the opium habit, should send to the well-known house of B. Keith & Co. for interesting printed matter on the use of con. tinc. avena sativa in the treatment of that disease. Mention the *Advocate*, and procure a copy of their revised and enlarged manual.

"I UNDERSTAND that you have stopped practising," said the Secretary of State to an eminent colored physician. "Yas, sah, 'cluded ter gin up de trade an' go ter preachin'. In dis country dar ain't no money ter be made in de practisin' o' medicine. W'y, sah, ef I had er 'voted my time ez close to suthin' else ez I has

ter dis business, I would er been putty well off by dis time. Ober two-thirds of my patients never paid me, sah." "Why didn't you sue them?" "I wouldn't done no good, 'case da wuz dead, sah. I got de wuz' class o' patients. None o' 'em neber had no health an' constitution."

ROUGH ON ALLOPATHY.—To get even with their doctors, two families in Atlanta recently ornamented the graves of their dead children with bottles containing what remained of the medicine prescribed by the attending physicians. The bottles bore the druggist's labels, the prescriptions, and the names of the physicians.—*New York Sun*.

DEEP snoring, and an insensible conjunctiva, are good signs of insensibility, but the most trustworthy one of all is subsultus tendinum of the fingers.

ONE of the Vienna surgeons was one day called in hottest haste to see the little son of a well-known Austrian Count. On reaching his patient he found a trifling scratch on the child's hand. Sitting down and writing a prescription he gave it to one of the servants with instructions not to lose an instant, but to bring the medicine as soon as possible. "And is the danger so imminent, then?" asked the Countess. "No, not that," replied the professor, "I only feared lest the wound should be entirely healed before the servant returned."

OUR NEW CLINICAL THERMOMETER.—The following is a specimen of numerous letters we are constantly receiving:

Editor **ADVOCATE**: The **ADVOCATE** and Thermometer arrived all O. K. Consider I have come out a good thermometer ahead, the journal being richly worth the price. Am very much pleased with the instrument, as it is very correct and more durable than those I previously owned.

R. H. BEALE, M. D.
WATERVILLE, Mo.

TEXAS, with a population of nearly 2,500,000, has over 4,000 physicians.

"How much did you say this was?" "Oh, a dollar and a half." "That's a big price, isn't it?" "No, I assure you;

the drugs are very costly." "But I am a druggist myself." "Oh, you are! Well—of course—15 cents."—*Ex.*

SUSAN B. ANTHONY says that there are one thousand women physicians practicing medicine in England, and so far as she has been able to learn "they kill as large a proportion of their patients, and receive as exorbitant fees for so doing, as the male practitioners."

HYDROCHLORATE OF COCAINE.—We would call the attention of our readers to the advertisement of Messrs. Parke, Davis & Co., on back page of cover. In using this valuable drug, so much depends upon its purity, that every physician should know a thoroughly reliable source from where it can be procured.

A DOCTOR'S DIARY.—A pocket diary picked up in the streets of a neighboring city, would seem to indicate from the following choice extracts, that the owner was a medical man:

"Kase 230. Mary An Perkins. Bises, washwoman. Sickness in her head. Fisik some blue pills a soaperifik; age 52 Ped me one dollar, 1 kuarter bogus. Mind get good kuarter and mak her tak me fisik.

"Kase 231. Tummes Krink; bisnis, Nirishman. Lives with Paddy Molony who keeps a dray—Sikness digg in ribs and tow blak eyes. Fisik to drink my mixer twict a day of sasiperily beer and jellop, and fish ile, with asifedity to make it taste fisiky. Rubed his fase with kart grese liniment, aged 89 years of age. Drinked the mixer and wudent pay me bekase it tasted nasty, but the mixer'll work his innards, I reckon.

"Kase 232. Old Misses Boggs. Aint got no bisnis, but has plenty of money. Sikness all a humbug. Gav her sum of my celebrated 'Dipsefloriken,' which she said she drank like cold tea—which it was too. Must put something in it to make her feel sik and bad. The Old Woman has got the roks.—*Sanitarian*.

THE ADVOCATE FOR 1884.—We can furnish the **ADVOCATE** for 1884, bound in cloth, for \$2.50 a volume. Sent immediately upon receipt of price.

A MAN went into a drug store, and asked for something to cure a headache.

The druggist held a bottle of hartshorn to his nose, and he was nearly overpowered by its pungency. As soon as he recovered, he began to rail at the druggist, and threatened to punch his head. "But didn't it help your headache?" asked the apothecary. "Help my headache!" gasped the man. "I haven't any headache. It's my wife that's got the headache."

ONE of the most prominent physicians of Indianapolis, on his return from a summer vacation of three weeks, was met by the leading undertaker, who said, "Ah! doctor, so glad to see you safe back, we have missed you so much."

THE BEST THERMOMETER.—Dr. N. Anderson, of Wilson, N. C., writes us as follows: "The journal and thermometer have both come to hand, and I take this opportunity to say that with them I am very much pleased. The thermometer I prefer to any I have ever used; it is thoroughly reliable."

THE conveniences of our modern inventions are to some extent offset by the draw-backs. For instance, the telephone with the mischievous girl at the central office. A secular contemporary reports the following case: A husband calls upon a Dr. and tells him that his wife has "a severe pain in the back of the neck, and complains of a sort of goneness in her stomach." "She has malarial colic," returns the man of medicine. "What shall I do for her?" asks a now anxious husband. The girl at the central now switched on a machinist who was talking with a saw-mill man about his boiler, and this is the advice which falls on the husband's tympanum: "I think she's covered with scales inside about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it to a fire-plug and wash her out." The doctor and the husband do not now speak as they pass by, and the doctor has found the telephone too expensive an instrument for further continuance.—*Medical Age.*

SUBSCRIBE NOW!—Send in your subscription to the *Advocate* at once, and

secure the best clinical thermometer manufactured, or our excellent hypodermic syringe, free. See page 1. of advertisements.

A SLOW BUT SURE PROCESS.—Physician—"Did you soak your feet in hot water according to my instructions?"

Patient—"Yes, and instead of relieving me, my cold has gone from my head to my lungs."

Physician—"That's all right; just continue the same treatment. If we can draw the cold from the head to the feet, it can easily be cured. That it has got as far down as the lungs is encouraging."

WEREN'T YOU Wilson's family physician?"

"Yes," replied the doctor, "but I lost him."

"Ah! that's sad."

"Yes," responded the doctor, with a sigh, "he got well."

AN EXCELLENT THERMOMETER.—Dr. W. B. Fayen, of New York, says: "When I renewed my subscription on Feb. 9th, I received the Thermometer, which I am bound to acknowledge is an excellent instrument."

PUTTING COINS IN THE MOUTH.—We often see persons put a piece of money between the lips to hold it while their hands are occupied in putting on their gloves or adjusting the dress. It is not only untidy, but it is unsafe, because coins may thus convey the seeds of disease.

It is said that if a stammerer will emit the sound with which the word "her" begins, before each word attempted to be uttered, he will soon be cured of his stammering.

DR. LINDORMES' NEW WORK.—Do not fail to read the work, "The Scientific Unity of Medicine, or Homœopathy and Allopathy Reconciled," to be commenced in the next issue of the *Advocate*.

IN relation to the ventilation of bedrooms, Horace Mann used to say that, since the atmosphere was forty miles deep all round the globe, it was a useless economy to breathe it more than once.

The Medical Advocate.

VOL. VII., OLD SERIES, {
VOL. II., NEW SERIES. }

NEW YORK, MAY, 1885.

No. 5.

Medical Legislation.*

BY

J. R. BUCHANAN, M. D.,

BOSTON, MASS.

The remonstrants would respectfully say that the people of Massachusetts are firmly opposed to restrictive medical legislation; that the most liberal and enlightened portion of the medical profession are still more firmly opposed, because they understand its evils; that the demand for such legislation comes only from the illiberal portion of the profession; that it arises from their own failure to retain the public confidence, and is a movement of pure selfishness, which is hostile to justice and injurious alike to the public welfare and the improvement of the healing art.

This demand, urged by a few, was supported by false and libellous assertions, without a particle of proof. On the other hand, the Remonstrants propose to establish, by competent proof, these propositions:

1. That legislation to give a monopoly of medical practice to persons with medical diplomas would be legislation in favor of quackery, because more than nine-tenths of all the quackery and malpractice come from those who hold diplomas, as we are able to prove, and because these gentlemen confess they are unable to cure cases such as cancer, which other physicians do cure †

2. That a large number of persons possess the power to heal disease without medicine, and to examine the condition of the sick with greater accuracy than ordinary physicians, or even the most eminent professors, and also to select remedies appropriate to each case without any medical education whatever, and that a vast number of our people have been healed

by them, in many instances after the best physicians had totally failed.

3. That medical colleges as at present constituted do not any of them teach one-half of the healing art, and that what they do teach is so imperfectly taught that more than half of their graduates are unfit even to practice their own limited system, and that these evils would be greatly aggravated if by legislation they were deprived of the wholesome stimulus of free competition. Such legislation would be oppressive to the poor, would increase the suffering and mortality of the sick, and would be felt by many thousands as a personal wrong, a gross and tyrannical outrage

4. That independent practitioners have already saved a vast amount of money, health and life; that they have proved themselves an extremely useful and benevolent class of citizens; that they are highly esteemed by the people; that they have a vested right in their honorable profession, and that to deprive them of this right without compensation would be a more tyrannical act than any of those which caused the American Revolution.

5. That practical medicine is not a positive science, but an empirical art, which is continually changing; that the greatest changes and improvements originate outside of colleges, against their opposition, and that to give the absolute control and possession of the whole field to colleges would be disastrous to progress, and would, in the present century, have prevented the development of American Eclecticism, of Homœopathy, and of the magnetic practice, the three greatest improvements of the century.

6. That in the present very imperfect and unfinished state of medical science the new discoveries which are coming up with greater rapidity than ever before, demand new methods of practice and new applications of remedies as the noblest work of science and humanity, which are necessarily outside of colleges, until they have attained numerical and financial strength, and, instead of being prohibited, deserve to be assisted by the patronage of the State.

7. That the bill proposed by the Massachusetts Medical Society is unconstitutional, tyrannical, malicious and absurd, and such legislation has already proved oppressive and injurious to the welfare of the people.

8. That the only medical legislation which would promote the interest of the people is legislation to promote a knowledge of the causes and the prevention of disease, and to make them acquainted with the actual results of different methods of treatment by statistics honestly collected, as is requested in the petition herewith submitted, and until such statistics shall have been collected it will be impossible to legislate wisely on the subject.

* An address delivered March 5th, 1885, before the Public Health Committee of the Massachusetts Legislature.

† When gentlemen of any profession find themselves incompetent to meet an emergency, as in the cases of Gen. Grant and Gen. Garfield, it would be well for them to recollect that as far back as the 15th century, in Spain, under Ferdinand and Isabella, the medical faculty having found themselves totally unsuccessful in the treatment of syphilis, had sufficient honesty and fairness to recommend that all restrictions be removed and all persons allowed to treat the disease without reference to their medical education, in consequence of which a large number of cases were successfully treated by a weaver.

In this matter I am, individually, a representative of colleges and diplomas, for not less than twenty thousand dollars have been paid to medical colleges as fees for diplomas bearing my signature. But I am not so selfish or bigoted as to claim that the holders of our diplomas should have any exclusive privileges or legal advantages over their fellow-citizens, hence I appear for the people as Chairman of the Committee appointed by the Remonstrants.

The Massachusetts Medical Society calls upon you once more for protection against fair and free competition. Of course they protest they are acting for the dear people, but the pretence is so very thin it is almost laughable. They attempt to convey the impression that the ringleaders of this movement represent the medical profession generally, but it is a false impression; they represent only the illiberal class.

There never was a legislative scheme of monopoly and corruption so glaringly iniquitous on its face that a good talker could not make a plausible statement that would sound very well until the other side was heard. I listened carefully to all that was said, and I perceived a fatal weakness in the whole argument.

It was all based upon one broad, bold and bigoted *assumption* for which no proof was offered. It was begging the question. The assumption was that Massachusetts was overrun by a set of unprincipled, mercenary ignoramuses, who were swindling everybody they could reach, disgracing the State and ruining the doctors by taking the business from them. It was *assumed* that these independent doctors were such notorious culprits that the Legislature ought to sentence them to professional death, without trial and without evidence that anything wrong had been done.

If they are such notorious culprits, why not prove it by investigation, showing their malfeasance? Simply because it is impossible to be done; and investigation is what the gentlemen shun. Let a commission of inquiry be appointed, and the independent physicians of Massachusetts will prove before that commission that more than nine-tenths of all the quackery is done under the shelter of diplomas, and that the

existence here of independent practitioners is a blessing to the State, causing a great diminution of the amount of suffering and death, a diminution in the expense of medical treatment, and a more active progress in the knowledge of therapeutics.

The independent practitioners, with a clear conscience, demand a trial; and if the Massachusetts Medical Society has an equally clear conscience they will not shrink from the ordeal; if they shrink from it, it amounts to a confession of wrong, and they throw up the case.

I present now before you the petition which is to be presented in the Legislature, in which the trial is asked for. We ask for an impartial commission from the four classes of physicians who are interested, and two impartial statisticians, not of the profession, to record all the mortality in the State, with names of the attending physicians, that the people may see under what method of practice the greatest mortality occurs.

Give us such a law as that, and we will cheerfully consent that any party showing great inferiority in the results of their practice shall be prohibited from practicing in this State. We are willing to abide by the rule of "the survival of the fittest."

Pass such an honest law as this, and there will be a shout of joy throughout the Commonwealth. The Homoeopaths will welcome it, because they have had the statistics in many hospitals and they know how triumphant the result would be for them. The Eclectics would welcome it, because there is nothing more eagerly desired by them than to have the true statistics before the people. We point to the fact that while the mortality of cholera practice under old school treatment has been from twenty-five to fifty per cent. and sometimes greater, fifteen hundred patients were treated by the Eclectics of Cincinnati in 1849 with a mortality not exceeding six per cent.—a fact which I can attest, having been there in that terrible epidemic and helped to collect the statistics, which have never been denied. I have heretofore proposed such a law. Every medical liberal would rejoice in it, and the patient, long-suffering healers, who have no diploma, and have lived under the perpetual slander of their rivals, would

celebrate the event as our people celebrate the Fourth of July.

But I am sorry to say there would be sad and solemn countenances in the Massachusetts Medical Society when such an act is passed. Of all the unwholesome drastic doses that could possibly be offered to an Allopathic Medical Society, there is nothing so indigestible, so sickening, as a dose of honest statistics honestly gathered.

If we do not get such a law, or if this imperious Society insists on immediate action, we are ready to establish the truth by proof, ready to prove that medical diplomas are the best shelter of quackery, and as long as you are willing to hear our witnesses, we will prove that patients have been maltreated and abandoned to die until cured by independent physicians without diplomas, and that this has been going on with diversified horrors for fifty years, until, as their champion confessed last Tuesday week, Homoeopathy and Eclecticism have grown up out of the blunders and follies of the old profession.

For this you are asked to legislate against independent physicians as if they were wolves and foxes; but where is the argument offered? Why, twenty-six States have been captured by the medical ring. I would ask, when was it that a powerful, numerous and resolute combination could not obtain by stubborn perseverance, legislation for their own benefit when there was no efficient opposition? In most of the States the liberal element is not sufficiently strong or vigilant to defeat these schemes, cunningly managed and passed without due warning. But wherever the people have had enough of the independent practice to understand its merits, they are opposed to such legislation.

How many States established African slavery, and fought for it too? How many States have kept on their statute books laws grossly unjust to woman? We are growing out of all these barbarisms. Massachusetts is free, but the medical ring would push back the index of time on the dial of progress and revive a system which is more rigid than even in England or Germany—a system even despotic Germany is giving up. For there no diploma is now required, and the private student can take as high rank as the college graduate.

The strength of the case presented by the Massachusetts Medical Society consists entirely of their own opinions, and their libellous assertions. They offered the opinions of something over one hundred and sixty doctors in favor of a law. That was magnanimous indeed! Why did they not offer the whole sixteen hundred of their State Society? Is there any man in any business who would make much objection to having his rivals legislated out of business without taking any part in the matter himself? Perhaps he would be ashamed to ask it. And it seems that nine-tenths of the Society have too much self-respect to ask for the law. Those who are really good physicians do not feel the need of it, and do not wish to make a raid on their neighbors, and this was stated by the gentlemen who appeared. *It is a shameful business!* and the last time the matter was brought before the Legislature, only one very obscure member of the profession appeared to ask for it, and the year before that nobody appeared, and now they can only get one man in ten to ask for it, after drumming over the whole State. I think it is much to their honor that they have given it the cold shoulder.

A few ultra-partisans come here and attempt to carry this iniquitous measure by scurrilous abuse of their professional rivals. They say that irregular, or independent physicians, have flocked to Massachusetts because it is free, and that this has made Massachusetts a common sewer. Such language degrades only the man who uses it.

Blind and malignant selfishness always produces a certain degree of mental obscurity—an unconsciousness of right and wrong, and this bill concocted in the most concentrated selfishness, but purporting to represent the aggregate wisdom of the Massachusetts Medical Society, exhibits a mind blinded by malice. It actually makes it a criminal offence for a man to write his name correctly.

If a man has graduated, and is, accordingly, accustomed to write his name with a legitimate M. D. attached, but does not wish to practice, and does not register as a physician, he is liable to a fine of fifty to five hundred dollars, and imprisonment from one to twelve months for writing his name with M. D. after it.

The proposed bill says that any one who shall append to his name the letters M. D. "shall be regarded as practicing medicine within the meaning of this act." But if he does not present his diploma, and get a certificate, he is one of the proscribed class, and liable to all the penalties, for he is *considered* as practicing medicine whether he does or not. It would be very wrong to consider the gentlemen fools who drafted this bill, but the virus of selfishness made them blind when they wrote it, and they thought of nothing but punishing their professional competitors.

They are educated in schools in which they learn no more of the true character of medical liberalism than a pupil in a Jesuit college does of the real merits of Protestantism—nay, not so much. I doubt if there is a member of the Massachusetts Medical Society in good standing, and *orthodox*, who can give a correct statement of the principles and practice of American Eclecticism. I was amused at the confession of Dr. Bowditch that he was astonished, on consulting with an Eclectic, to find that he was a splendid physician, never knowing till then that Eclecticism claims to give a superior medical education.

You do not know, because it is contrary to your education, that medical skill depends far more on innate endowment than on college education. Do you know that genius is primary and education secondary? "*Poeta nascitur, non fit*," is a principle of universal application. A great general is born, not made. A great musician is born, not made.

The power to diagnose disease is a matter of innate endowment. We can find many a country boy or girl, of little or no education, who, in a clairvoyant state, can make a better diagnosis and prognosis than a whole college faculty, and there are thousands who possess this faculty in their normal condition, and can exercise it at any time. There are more than five thousand in the State of Massachusetts who can do this, and any number who are ready to swear that it has been done and is being done. Will you permit us to prove this by showing the fact in your presence? or will you appoint a sub-committee to verify the facts? Appoint your committee, and we would challenge Harvard College to a competitive test in diagnosis.

The same innate genius which makes the diagnosis will also select the remedy, and I am very sure that if the whole medical profession were abolished there is enough of this talent everywhere to take their place, and under its guidance we should have none of those frequent and terrible blunders which are the disgrace of the profession. They are so common now that eminent surgeons in Germany, about two years ago, were not ashamed to publish, with all its details, the fact that they performed the dangerous and often fatal operation of ovariectomy on a woman—only discovering then that the ovaries were perfectly sound and there was not the slightest excuse for the operation. Such blundering as this needs very much to be bolstered up by legislation; and the legislation desired is that which will annihilate every enlightened, progressive movement in medicine.

When a man has been thoroughly mis-educated, the truth being suppressed in his education, as it is in all the old medical colleges, and when his personal interest and his party spirit and associations all support his false opinions, he looks at the question thus: "We have all the world's learning, all the profound scholarship and multiplied experience of centuries in the greatest colleges and hospitals, where all doctrines have been investigated and tried in an enlightened and liberal manner. The general agreement of the talented, learned, and experienced must be considered decisive in any subject, and no man should be permitted to assume the responsibilities of medical practice without learning that which the common consent of able men has established as true. The man who undertakes medical practice without having this knowledge is necessarily incompetent, for there is no other medical knowledge outside of colleges of any real value, and when he offers himself as a physician he is guilty of a species of false pretence, attempting to impose on the ignorant, and such an offence ought to be punished by law."

My quondam friend, Dr. Cowling, Professor of Surgery at Louisville, expressed the idea with unusual candor by saying, "We all think that all homoeopathic physicians ought to be confined in the penitentiary, and allowed to practice only on each other," and he

was never rebuked for that statement.

To a man thus educated, physicians who are not orthodox are quacks or cranks, no matter how splendid their education, or how honorable their character, and those who attend no college are shameless impostors who ought to be punished.

I deny every one of these assumptions.

I deny that all knowledge is in the colleges, and not to be had anywhere else. There is ten times more knowledge in our medical literature and libraries than we can find in any college; and any ambitious, talented young man who will give the colleges the go-by, and plunge into the vast fields of medical literature for a few years, will come out able to teach the professors without ever entering a college; and that was the way that some of our first professors were developed without diplomas. My father, reared in early times in Tennessee and Kentucky, without ever having entered a medical college, was chosen to an important medical professorship in Transylvania University, which in time became the leading school, and was certainly the peer of any of his colleagues. Therefore do I say that men who care nothing for colleges, who go to the fountains of knowledge in nature and in the library, and care nothing for that petty badge, the diploma, are often more worthy of our respect and confidence than the men who are content to listen to professors, who are often mere text-book parrots. The text-books are higher authority than the colleges, and when the independent student finds something in text-books not represented by any college, he has at least as good a right to carry it into practice as if he had acquired it in a college; for systems of practice taught in text-books are not made any more honorable or true by being taught in colleges. I would sooner trust in practice a young man who has studied faithfully under an enlightened practitioner, and been initiated by him into practice, than the average graduate of the best college. He may be one of the most splendid physicians of the age in which he lives, and yet the colleges would like to put the brand of infamy upon him because he has not paid tribute to them. The purpose of all medical legislation is to bolster up the colleges, and give an artificial value to their diplo-

mas. To give the medical corporations the right of selling licenses to practice in the shape of diplomas, is to abdicate the sovereignty of the State. The State alone has the right to license, and to give that power to medical corporations for their own profit is as absurd as to give a corporation of distillers the right to sell grog-shop licenses for their own benefit. If the State gives licenses, the poor student has the right when he is qualified, without becoming the slave of a medical college. I say *slave*, for it is the aim of all the regular medical colleges to establish and maintain medical slavery. Some years back it was for a time attempted both in Scotland and in one of our Northwestern States, by requiring the pupil, in accepting his diploma, to swear to follow the teaching of his professors, and to surrender his diploma if he ever learned enough to deviate from them. But this was soon abandoned.

I deny that all medical knowledge is confined to medical colleges of the Orthodox persuasion or of any persuasion. I affirm that there is more useful knowledge of the healing art outside of the regular medical colleges than inside, and a large amount of useful knowledge not in any college. Those colleges have only one contracted system of practice, which does not represent the present status of medical science. You cannot learn half of what a physician ought to know as to therapeutics in any regular medical college.

It is very easy to show this. The colleges teach the administration of medicines; their whole armament is in the Dispensatory. The United States Dispensatory represents the resources of the old regular party. The Homœopathic Dispensatory, equally extensive in its articles, and much more extensive in the description, is another huge mass of medical resources. The Eclectic system of medicine, while it does not reject anything in these Dispensatories, has a large amount of remedies, chiefly indigenous, and peculiar methods of using them, a peculiar therapeutics, which make another grand accumulation of medical knowledge. And beyond these three systems of therapeutics we have still richer resources for another system. There is hydropathy, with which its votaries compete with the regular system. There is Electro-Therapeutics, the

votaries of which also compete with the regular practice, and there are the neurological and psychic methods of magnetic treatment, guided by clairvoyant and psychometric diagnosis.

These outside systems, ignored by the colleges, which are not yet supported by diplomas, are really richer in their stock of therapeutic resources, and may be regarded as the fourth or independent system.

Where can any one acquire all these resources? Where is the college that teaches more than one-fourth of therapeutic art? The graduate's diploma represents only one-fourth of therapeutic science, and you require four varieties of doctors to bring in all that is known of therapeutics. In other words, it takes four doctors to make a complete physician.

Four farthings make a penny, and the regular graduate is only one of the farthing doctors who would like to pass for a whole penny, and claim that he knows everything. But no man can claim that. Medical science, in its therapeutics, is too vast for any human brain to master it familiarly. There are no *physicians* in the full meaning of the word. We are all, with very few exceptions, only farthing doctors, and nothing more—only specialists of one-fourth of therapeutics. And the man who is a good specialist, either for big pills, little pills or American methods, or electric, magnetic and intuitive methods is a very good doctor as the world goes now.

I say again we are all farthing doctors—but the regular gentleman who claims the highest rank is not even a whole farthing doctor (only a clipped farthing), for he does not master his own dispensatory. The regular United States Dispensatory has a little over a thousand articles; but of these six hundred and twenty are thrown into the appendix, which comprises many of the very best remedies known—in fact, I would as soon rely upon the appendix alone as upon the official list alone. But these best remedies are thrown into the appendix for empirics, curiosity-hunters, domestic practitioners, etc., and only four hundred and two are recognized as official, so that in his resources he has only four-tenths of a farthing, less than one-eighth of what a perfect physician ought to know; less even than that, for

of the four hundred and two articles, he does not familiarly know, understand, and use over one hundred, or perhaps, if well-educated, two hundred. And this pitifully narrow, limited system, is what they wish to impose by law upon the people, depriving them really of nine-tenths of the healing art. Hence I say that the regular colleges are nurseries of ignorance, and this has ever been their condition and will ever be until they are reformed.

I might refer to their most illustrious leaders and exemplars as the very *beau ideal* of therapeutic ignorance and quackery. Sir Astley Cooper stood at the head of his profession in his time, and he was in his glory when I was a student. He was in the highest positions, and his professional income was a hundred thousand dollars a year. He was a skillful surgeon, as for handling the knife, but his medical practice was that of a barbarian.

In his biography by his nephew, we find this statement: "So simple were Mr. Cooper's prescriptions that he had five or six formulae, which, under ordinary circumstances, constituted his complete pharmacopoeia, and such medicines he kept constantly made up . . . His remedies were *limited in number and but little varied in use*, for he never had any confidence in an extensive variety of medicines. I have heard him say, 'Give me opium, tartarized antimony, sulphate of magnesia, calomel and bark, and I could ask for little else.'"

On another occasion he said he could take his five remedies and with them beat all the country doctors. Oh! heaven, what a set of doctors they must have been!

With these five remedies, what could we do for a consumptive patient? We could only help him to die with different symptoms; and at that time consumption was considered incurable.

What could we do in cholera? The mortality under such treatment is over fifty per cent.

What could we do in diphtheria, in scarlet fever, in erysipelas, in paralysis, in meningitis, or in obstinate skin diseases? There is not an intelligent physician to-day who would not pronounce such practice gross and abominable quackery.

The professor of practice, John Esten

Cooke, whose instructions I listened to, was perhaps worse than Sir Astley Cooper. The drift of his instruction was that with three remedies, calomel, aloes, and rhubarb, nearly all human diseases were to be treated, and he acted on his system—he gave calomel in teaspoonful doses, and in one case of cholera he gave a pound and a half before the young man died.

I think no intelligent man will deny to-day that so far as the pupils of Cooper and of Cooke followed such examples and teaching they practiced a horrible system of quackery.

Under such a medical law as is proposed, that kind of quackery would have been forced on the people. But you say this is obsolete. In forty years we have changed all that. Very true; and every thirty or forty years the whole system is changed and condemned, but *while the quackery flourishes, the people must be forced to submit to it.* They must be compelled to submit to-day to what will be pronounced quackery thirty years hence. An unfinished experimental art must be forced upon the people who loathe it, who are to be treated like children and forced to submit. There are many in Massachusetts who would rather die without medical help than submit to this.

The people abhor such legislation. You can feel the heart of Massachusetts pulsating in this large and intelligent audience, and you perceive that it is unanimous against this tyrannical legislation.

You cannot educate a competent physician, if he is to be educated by men who are following dogmas as a trade, while they have no sincere faith in the virtue of what they are doing. I say the leaders in old-school medicine have no faith in their art.

I refer to Dr. Forbes, of England, and Dr. Holmes, of this city, the witty poet, who said it would be better for mankind if all drugs were emptied into the sea.

I have the recorded confessions of over thirty of the most eminent medical teachers and authors, showing the worthlessness of their art. They use language that I would not use. I believe they slandered medical science. But they are authorities and leaders, and they are competent to confess the worthlessness of all they know and do. The list em-

braces the two highest authorities in medical literature—Dr. Forbes, of the *British and Foreign Medical Quarterly*, and Dr. James Johnson, of the *British Medico-Chirurgical Review*, the two most eminent medical reviews in the world; Magendie, the greatest physiologist of France; Sir Astley Cooper, the greatest surgeon of the age; Mott and Parker, the two most eminent physicians of New York; Prof. Bigelow and Prof. John Ware, of Boston, and the illustrious Benjamin Rush, John Mason Good, and Abernethy, of London. These and twenty others are on record against the old school of practice, and, as a sample of their opinions, I quote the language of Dr. James Johnson:

"I declare, as my conscientious conviction, founded on long experience and reflection, that if there was not a single physician, surgeon, man-midwife, chemist, apothecary, druggist, nor *drug* on the face of the earth, there would be less sickness and less mortality than now prevails."

I deny all this; and no doctor ever talks that way who is not a narrow-minded bigot, unacquainted with the best resources of the healing art. No Homœopath, no Eclectic, no genuine independent ever uttered such a sentiment. You are asked to consign the people to the care of these men, who confess they are failures, and to the care of their pupils, their graduates, whom *they say* are a great deal worse than their preceptors, for the majority of them are not qualified.

It is not my assertion, but the assertion of the champions of this medical bill, that the parties who claim this monopoly are in the main incompetent. Dr. Talbot says that the majority of medical colleges were established not to teach medicine but to sell diplomas, and yet he wants them to have a monopoly for the quacks they have sold diplomas to.

But I have still better authority. I go to the National Medical Association, whence all the gods of the medical Olympus send forth the law to their subjects. I find that Dr. Gihon, Medical Director of the United States Navy and President of the Naval Academy, made a report most wonderfully honest and true, to the National Medical Association, when it met at Cleveland. He says that of one thousand one hundred and forty-two practicing graduates of regular medical colleges, seven hundred

were too ignorant to pass the Naval Examining Board. He says: "Many of these have doubtless learned something of the art they began to practice in the dark, yet most of them have only learned to see as the blind see, and at what a fearful cost of human life!"

It is not merely technical and unimportant ignorance that he charges, but gross and disgraceful ignorance and illiteracy.

One gave the normal temperature of the body in "helth" as 70°; another as 92°; another from 112° to 140°. Another said, "The average respirations are seventy per minute." Another wrote, "The ureter is the *duck* of the kidney."

Dr. Gihon says another defined pneumonia to be a particular disease of one lung, and pleurisy the name given it when it affected the other side. Another advised cauterization of the soles of the feet in congestion of the brain, and using the actual cautery for poor people and nitrate of silver for rich patients, that they might not be discommoded by the smell of burning flesh."

A graduate of unimpeachable regularity said that "Campher is an auromatic gum from the ilands of the sea."

Of these blunders Dr. Gihon says: "I have taken them from the *graduates* of schools of established reputation, in order to prove that no one school, however exalted in rank, can claim exception from the charge of having as graduates grossly illiterate and incompetent men, and that diplomas have been *sold*, not cheaply and openly, but still for a *price*, meaning two full sets of tickets, a matriculation and a graduating fee."

Dr. Gihon says further; "I have seen the spermatic cord demonstrated in a female subject. I have witnessed the application to fractured limbs that would have deformed the sufferer for life; precriptions written that no apothecary could decipher or compound, and others compounded either with fatal doses, deliberately prescribed, or ignorantly and carelessly weighed, which it would have been eminently proper to have required the exhibitor to have swallowed."

"Some of the revelations of the examinations would be amusing were it not for the lamentable facts that many of their authors have been *for years* intrusted with the lives of their fellow-beings, and this by the authority of the

most respectable regular colleges in the United States."

And it is for these quacks that you demand a monopoly. Dr. A—spoke of the literary ignorance of people who do not profess to be educated, but who by the divine gift of healing power have gained a large patronage at his expense. We are prepared to show that they know more than he does about the healing art, and that his professional blunders have been rectified by the very people whom he is trying to crush.

Dr. S—, who made the best speech for a bill (not this bill), uttering a great deal of good sense, is, I believe, a good physician, for he says he studied both the regular and the Homœopathic system, and therefore his therapeutics is not a farthing but a halfpenny. He says he has cured ninety-nine in a hundred, and I am willing to believe him, because I know that an Eclectic in New York, who came as near being a complete physician as any one I ever knew, cured a hundred per cent., and for several years having no deaths to report in a large practice, her name was forgotten at the Board of Health.

It is singular that Dr. S—, unlike other good physicians, is not willing to rely on his merits, but wants protection against competition. Perhaps the reason is that he is not quite omniscient; and I know of one case that he did not cure with all his resources. The woman whom he was unable to cure, whom he led to the border of the grave and announced that her death was impending then, had some independent assistance. One of those divinely-gifted, good women, who are able to heal, and also able to see into the condition of the patent, came in as an attendant, sat up and labored with the patient all night, and by morning she was saved, and she recovered.

Now if I understand him rightly he wants the law so changed that when he conducts the next patient to the borders of the grave, when all hope is gone, no one shall be allowed to come in and save the unfortunate victim of medical colleges and medical legislation. He asks you virtually to pass a sentence of death upon all outside of his skill, or outside of the skill of men far less skillful, or who do not know more than half of what he knows. He wants this effected by legislation.

Now I know of no legislation ever proposed in this country which would be so great an outrage upon humanity and justice. It would send a thrill of horror and consternation into many a Massachusetts home, and it may come even to yourselves, on what is supposed to be your dying bed, to lock and bar the door against hope, and hasten your departure to that better world where we must all go in a very few years, and where the memory of such an act must follow you as we stand in the sphere of divine justice with an awakened conscience, to meditate upon all the wrongs we may have done to our fellow beings.

Lateral Curvature of the Spine.

BY

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(Concluded from page 136.)

Lateral Curvature of the Spine is produced by abnormal muscular contractions, and is not usually associated with disease of the vertebrae. The deformity commences with a twisting of the bodies of the vertebrae upon each other, which continues till the spinous processes are turned toward the side on which the contracted muscles are located, while the anterior surfaces of the bodies look toward the opposite side. The spinous processes are then drawn toward each other by the contracted muscles, and thus the intervertebral cartilages are compressed on the concave side of the bent spine, and expanded on the opposite side. Soon after this contraction begins to bend the spine, a second curve is recognized, which is spoken of as the compensatory curve. These curves are usually met with in the dorsal and lumbar regions, the latter being usually the first curve, though it is sometimes the curve of compensation.

This deformity is almost invariably the result of malposition. Children who are allowed to lean to one side constantly, as with one arm elevated on a high desk at school, are the most liable to it. When the muscles of one side of the back are injured sufficiently to prevent their action for some time, contractions of the muscles on the opposite side are sure to follow and cause subsequent deformity. Shortening of one leg from any cause will also give rise to lateral curvature.

When the spine once varies from its normal positions from any cause the weight of the upper part of the body increases the deformity. In some cases of Pott's disease, after the backward deformity has made considerable progress, a lateral curvature will also make its appearance. This may be the result of mal-position, or of curves of the sides of the bodies of some of the vertebrae.

One of the first symptoms of lateral curvature is a marked prominence of one of the scapulae. When this is present, even to a slight degree, an examination of the spine will show a curve in the line of the spinous processes. In the early stages of the deformity this curvature will disappear when the patient is supported from the axillae, so as to remove the weight of the head and shoulders from the spine. If the case is neglected, the muscular contraction continues till a prominently marked double curvature is developed, with a material shortening in the height of the patient. In severe cases the curved spine can be traced from under the scapula, and the shoulder of that side is raised several inches higher than its fellow. To prevent such deformities, and to correct them in their early stages, it is of the greatest importance that children should always be compelled to sit erect either at home or in the school-room, and the seats should be low enough to allow the feet to rest comfortably on the floor. The custom of placing two children at one school-desk that is only wide enough for one, which compels them to sit sideways, with the right arm elevated, cannot be too severely condemned.

Treatment.—In the early stages of this deformity, such active exercise as will bring into action and develop the contracted muscles should be resorted to. The frequent use of the self-suspension apparatus, represented in Fig. 5, page 135, MEDICAL ADVOCATE for April, will also prove of great advantage.

Appliances of various kinds have been devised for treating the severer cases of this deformity, and many of them are fully described in the standard textbooks on surgery. The principles on which the treatment by these appliances is based, are so at variance with the pathological conditions met with, that it is a wonder that they should have been so long employed.

What is required is to extend the crooked spine, stretch the contracted muscles, and support the weight of the head and shoulders after extension is once effected. To accomplish these ends, the Plaster-of-Paris jacket, as described in the last issue of the *MEDICAL ADVOCATE*, in conjunction with the use of the self-suspension apparatus several times a day, will prove the most satisfactory, and with patience and attention will effect a radical cure in a large majority of cases.

In some cases, when the jacket is on and the deformity is apparently overcome, the body will tilt to one side from the pelvis, when the patient walks. This is usually due to the debility of the muscles of the lower part of the back, and the body can be easily kept erect by placing the fingers of one hand against the jacket under the axilla of the side toward which the body tilts, and the fingers of the other over the lower part of the jacket on the opposite side. With the lower hand, the body is held firmly while, with the fingers placed above, a slight pressure is made toward the opposite side, and the tilt is overcome.

With the view of keeping up this action, Dr. M. J. Roberts has devised a method that works well in the majority of cases.



Fig. 7.

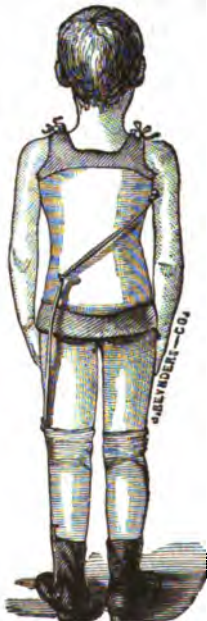


Fig. 8.

Figs. 7, 8, 9 and 10 illustrate this appliance better than can be done by words alone. Fig. 7 represents a small ring



Fig. 9.

attached to a piece of perforated tin which is incorporated into the jacket so as to leave the ring out, for attaching a piece of solid rubber cord. These rings are placed at the points above mentioned, and as shown in Figs. 8 and 10. One end of the rubber cord is fastened to the upper ring, and passed through the lower ring as shown in Fig. 8.



Fig. 10.

Fig. 9 represents a strip of non-elastic webbing, sewed to the top of the shoe on the outer side and passed through a

hole in the stocking. It is left long enough to reach the knee, and has a ring sewed on the upper end through which the free end of the elastic cord is passed. The patient is now made to stand evenly on both feet, and the elastic cord is drawn through the ring sufficiently tight to overcome the tilt as shown in Fig. 10. The cord is now fastened with a knot, and when the patient stands or walks the tension of the cord is sufficient to prevent tilting of the body, and in a short time the muscles become strong enough to overcome this tendency by their own action.

During the past ten years I have treated many cases of angular and lateral curvatures of the spine by the methods described, and during the past three years I have had from one to three new cases almost every week, and I have never met with anything but the most satisfactory results. Many of the cases had previously been treated by braces of various kinds, and had so despaired of being helped, that it was difficult to persuade them to try the jackets. As soon as the first was applied, however, the improvement was invariably so marked that there was no difficulty in having them continue the treatment. When serious deformities of the spine are overcome, and persons who have been unable to walk for years can do so with comfort and ease; when no accidents occur, and no eruptions of the skin have been met with in hundreds of cases, we need not stop to argue in favor of this method of treatment with those who have had little experience, or who have not the patience to attend to the details heretofore described.

Numerous cases in practice could be added to illustrate the results of the treatment, but this would be little more than a repetition of what has already been said.

Sedatives.

BY

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PHILA., PA.

The primary action of nearly all substances when taken into the stomach is excitant; the exceptions are so few that it has even been doubted whether there are any, and the classification, by some authors, of a portion of the few which are commonly considered as such, is

strongly disputed by others. Yet, it seems indisputable that there are a few agents which directly paralyze nervous energy, and which, therefore, may properly be called *direct sedatives*; also, that there is another group which, acting as positive excitors of certain nerve centres, evoke from them so great an efflux of energy as completely to destroy that essential equilibrium between them and other centres upon which the performance of special functions depends; and functional activity being thereby lessened and glandular products reduced, such agents may be regarded *indirectly as sedative* of the functions impaired, but should not be classified as sedative in their own action; belladonna and bromide of potassa are prominent members of this group.

The direct sedatives, whatever the amount taken, in proportionate degree, at once impair the power of nerve centres, or the conductivity of nerve fibres; and thus sensation or muscular contractility, reflux, or volitional—one or all together—with the functions dependant upon them, fail or cease.

Among the agents which experience has proved reliable for such action and effects, are a low temperature, morphia, aconite, curare, conium, veratrum viride, physostigma, gelseminum, and fungus muscarius; to these may be added the anæsthetics.

The effect caused by the different direct sedatives are quite various; some most affect sensation, some muscular contractility, and some both, more or less equally; some affect the sensory and ganglionic systems; some the sensory and the cerebro-spinal—and of the latter some affect most profoundly those centres which energize extensor muscles, others those which energize the flexors. It is therefore evident that the various nerve centres and nerve fibres are differently sensitive to the influence of paralyzing agents as well as to irritants, but in what way any substance when taken into the blood either excites or prevents molecular action in a nerve centre, or impairs or improves the conductivity of nerve fibre, appears to be as yet undemonstrable. We are for the present obliged to be content with the fact that all the various nerves and nerve centres are, in varying degrees, subject to the influence of sedatives as well as to that

of irritants; and the most important matter for immediate determination seems to be the *special* sensitiveness of individual nerves and centres to *special or particular agents*.

Aconite impairs the conductivity of those nerves which supply the heart and arteries with contractile energy, and in some degree also that of the sensory nerves; and, if a sufficient amount is absorbed, as it is distributed throughout the system, it successively affects other nerves and centres, so that a general anæsthesia occurs, with loss of sensitiveness to both subjective and objective phenomena, and there is also great loss of motor power, both reflex and direct. Its chief value as a therapeutic agent is due to its efficacy in opposing the influence of such other agents as tend to cause vaso-motor spasm, and its effect in abating local or special congestions by relaxing the vascular system generally.

Conium affects the conductivity of cerebro-spinal nerves, and, apparently, those which are distributed to flexor muscles more than those which are distributed to the extensors. It has no direct effect upon the cerebrum, and does not impair the *appreciation* of sensory disturbances from external or objective causes.

Curare affects the terminal nerves and the spinal motors, rather than those of ganglionic origin.

Physostigma paralyzes the motor centres of the spinal cord and impairs the conductivity of the motor nerves; to some extent it also affects sensory nerves, and in some cases ganglionic nerves seem ultimately affected; but it does not appear to directly affect the cerebral functions.

The influence of *veratrum viride* is due to two alkaloids; one of which, *Jervia*, affects the ganglionic motor system more than the spinal; the other, *Veratroidia*, affects the spinal motors more than the ganglionic; and the former, *jervia*, seems the more powerful of the two: by the combined action of both the entire muscular system may be most completely prostrated.

Sensory nerves do not seem to be much affected by it, and the semi-conscious or dreamy condition of mind induced seems due to the character of the cerebral circulation.

Gelseminum affects the cerebro-spinal centres, motor and sensory; the former first and most; it also, to some extent, affects the ganglionic centres; it lessens sensory irritability, and, diminishing the degree of sensory disturbance caused either by subjective or objective influences, causes a more tranquil condition of mind.

Nitrite of Amyl affects first the meso-cephalic vaso-motor nerves and the peripheral ganglia; next, the ganglionic system generally; and, lastly, the spinal centres; but in such rapid succession that they often appear to be affected simultaneously.

Opium profoundly affects the ganglionic system, and particularly the meso-cephalic vaso-motors; it is chiefly in consequence of its effect upon the circulation that functional activities are changed, for it induces cerebral congestion, and sensori-motor functions which, at first, may be somewhat exalted on account of an increase of blood in the cerebral vessels, are eventually suppressed by an excess of it. It paralyzes the nerves of sensation, and in greater or less degree the nerves of motion.

The effects of low temperature appear to be at first reflex and due to a sudden disturbance of peripheral ganglia and meso-cephalic vaso-motor centres; then to an abstraction of nervous energy by conduction; nervous energy, like other modes of force, being by conduction dissipated as heat.

Muscaria depresses the cardiac ganglia and the meso-cephalic vaso-motors, especially those which energize the venous system; it thus causes a centralization of the blood, and the visceral ganglia becoming surcharged therewith manifest excessive energy displayed in the frequent voidance of urine which is increased in amount, in vomiting, and in most energetic contractions of the bowels, with colic and frequent fetid evacuations.

Lobelia and Tobacco have also been classed as direct sedatives, but opinions differ concerning them; some physicians regard them as simply paralyzers of cerebro-spinal energy, others argue that the contractions of the stomach, bowels, diaphragm, and abdominal muscles they cause are so great that they could only result from positive excitement; and indeed they cause contractions of the con-

strictor muscles of the arteries, stomach, and bowels, and to some extent also of the flexor muscles of the skeletal system, of such vigor as seems inconsistent with the idea that they are only consequent upon a relative excess of ganglionic energy due solely to a depression of spinal energy; and we have thus far been led to regard them as peculiar in their influence: seeming to affect the peripheral nerves as excitants and similarly also the ganglionic centres, and that portion of spinal centres which energize the flexor muscles of the skeletal system; while at the same time they seem, perhaps from an exclusion of blood from them in consequence of vaso-motor spasm, to depress those other spinal centres which energize the longitudinal or retractor muscles of the visceral organs, and those which energize the extensor muscles of the skeletal system complete prostration occurring when the excited centres become exhausted.

It is apparent that the nerves and the nerve centres are as differently sensitive to the influences of the various sedatives as they are to those of irritants: ganglionic nerves and centres being paralyzed by some, spinal nerves and centres by others, and by a third group both sensory and motor nerves and centres of every variety are prostrated in various successions and in various degrees.

The direct sedatives do not all of them primarily or directly affect the special senses; yet, in proportion to their influence, especially that upon vaso-motor centres, they ultimately affect the power or the mode of thought and the exercise of the will.

According to the amount taken, and the condition of the person at the time, the direct sedatives may indirectly exalt sensation and increase activity—that this is not paradoxical is shown by the influence and effects of opium and of alcohol.

The direct sedatives when taken by a person in good health, cause derangement or impairment of functional efficiency, and if in sufficient quantity destroy it altogether.

Sedatives are used:

1st. To abate local congestions by diminishing vascular energy generally, so that the vessels elsewhere may contain more blood, and also that their propulsive energy being reduced they may not with so much power force the blood

into the diseased part; the congestion then gradually abating, inflammation is prevented.

2d. To oppose the influence of irritants upon the circulation. Acrid secretions, if absorbed, act as irritants of ganglionic centres and tend to cause spasm, arterial or visceral; hence bilious chills, etc. Sedatives, *e. g.*, aconite, veratrum, gelseminum, oppose the influence of such elements, and maintaining a full, free circulation, secure the condition most favorable for their speedy elimination.

3d. To equalize the circulation when from exposure or other cause spinal energy is depressed and there is a tendency to internal congestions causing, according to their degree, either excess or suppression of function; and, also, to promote perspiration under similar circumstances.

4th. To modify sensibility, to abate both sensory and mental irritability, to allay pain.

5th. To prevent nervous exhaustion due to excessive muscular contractions consequent upon excessive nervous irritability, as in tetanus.

6th. To oppose the influence of the painful emotions, which, determining an excess of energy to the vital organs, cause their functions to be performed under such high tension that the secretions become acrid and are thus rendered baneful elements in the organism.

7th. To promote secretion, excretion, and absorption.

Sedatives, in small doses, reduce the energy of the cardiac ganglia and the vaso-motor centres, and cause the action of the heart to become abnormally slow and less powerful, the muscles of the arteries to contract less vigorously, and the rate of the circulation to be less speedy, while (within certain limits) the volume of the blood current is increased because of the relaxed and distensible condition of the arteries. The respiratory centres, both those governing the inspiratory, and those governing the expiratory, muscles are depressed, their reflex irritability decreased, and the number of respirations therefore diminished.

Sedatives in large doses may completely paralyze nerve centres and thereby abolish all functions dependent upon them.

Sedatives in medicinal doses are transient in their effect; they are soon eliminated, and their effect then ceases; but by the use of small doses, with sufficient frequency repeated, the desired effect may be secured and maintained for quite a length of time.

Sedatives cause narcosis and are therefore classified as narcotics; but all narcotics are not therefore directly sedative.

Brief Study of Cerebral Apoplexy.

BY

WILLIAM BELL, M. D.,

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Apoplexy may be sudden in its occurrence, or it may be preceded by premonitory symptoms. In the latter case, for a few hours, or even days, the patient will complain of an unnatural weight and tightness about the head, ringing in the ears, and occasional inability to control the voluntary muscles. These symptoms may be constant or momentary; they are not definite, but should cause suspicion of danger, particularly when the patient is known to have had one or more previous attacks.

In other instances the patient is suddenly attacked with dizziness, ringing in the ears, disordered vision, and partial or entire loss of consciousness, lasting for a few moments. Afterward he feels dull and stupid, cannot arouse himself, staggers when walking, his voice is thick and husky, and he reasons with difficulty. These symptoms occurring after a full meal, or after great excitement, are indicative of a serious apoplectic attack.

Possibly in the great majority of attacks there is nothing to warn the patient of the approaching danger; the patient loses all consciousness instantly and falls wherever he may happen to be. This is particularly apt to be the case in true hemorrhagic apoplexy, or, more properly speaking, cerebral hemorrhage.

There may be complete relaxation and immobility of the muscles, or a semi-rigid condition. Usually there will be complete *arrest of volition*, and of the influence of the brain over the body, the patient lying in any position in which he may be placed. Only the functions of respiration and the circulation of the

blood, which are dependent upon the spinal cord and sympathetic nervous system, are carried on. The face may be either palid or livid, more commonly the latter, since respiration is nearly always carried on with difficulty.

If the *coma* be profound, the buccinator muscles and lips are flacid, and are puffed out in expiration. The pulse is usually slow, full, and hard; exceptionally it is small and feeble. Vomiting is usually at, or shortly after, the commencement of the attack. Hemiplegia occurs in the majority of cases.

These are the more prominent symptoms which characterize the apoplectic state. Its duration varies; it may last for a few moments only, the patient gradually emerging, consciousness may slowly return after the lapse of a few hours, or the state may continue for days and then pass off. As a rule, if the *coma* persists without any improvement for eight or ten hours, and more especially if during this period the *coma* becomes more and more profound, recovery is not to be expected. An attack may prove fatal in a few hours.

It will be seen from the foregoing that there are three stages in the course of this malady in which we may have to consider the most appropriate treatment. First, we may have a case presenting simply constitutional evidence of tendency to cerebral congestion. Here, besides the obvious hygienic and general measures, we have valuable remedies in *nux vomica* and *belladonna*, given in alternation.

We may be summoned to a patient already in an apoplectic state, in which case we would recommend the following plan of treatment: If an excited state of the circulation, with active cerebral congestion be present, the patient must be relieved, or further mischief will ensue. Hot mustard foot baths, or cloths wrung out of hot mustard water, should be applied to the limbs, and podophyllin and bitartrate of potass given until brisk catharsis follows. The bowels must be kept continuously open for several days. In addition to this, the patient should be immediately brought under the influence of *gelsemium*, and this influence should be retained until the phenomena expressive of the acute stage pass away. The patient can then be placed under good restorative treatment,

with such precautions as the judgment of the practitioner may dictate.

Sometimes, and more especially in old or broken-down people, neither arterial excitement nor cerebral congestion are present. The attack depends entirely upon the rupture of a diseased blood-vessel. But little can really be done, we think, in such cases beyond placing the patient under good hygienic conditions. Arnica is said to have done good here, but we have had no experience with it. In aged persons, the recovery of the brain from its shock is said to have been aided by *baryta carbonica*. The post-apoplectic hemiplegia often improves by the mere lapse of time, or by exercise, by passive movement, and by galvanism. Galvanizing the cord and faradizing the muscles opposing those which are contracted, is highly recommended.

Whitlow.

BY

O. A. PALMER, M. D.,

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Felon, or, technically, paronychia, is an inflammatory affection of the thumb or fingers and sometimes of the toes.

This disease commences in inflammation and terminates generally in suppuration. It may end in gangrene of the part. Felons may be superficial or deep. The superficial is seen in the form of a "runaround," or simple suppuration, about the root of the nail; a collection of pus in the cellular tissue of the tips of the fingers. The deep involves not only the skin and connective tissue, but also the tendons, periosteum and bone. The causes of this disease are quite obscure. Perhaps the most common causes are bruises, burns, cutting the nails too close, and the introduction of poisonous matter into scratches on the fingers. It is thought that there is a constitutional predisposition to them in some individuals. Washerwomen, or those compelled to keep their hands in hot water, generally suffer the most. If the digestive organs get out of order, they may so deprave the constitution as to cause this disease. Irregular menstruation may be an exciting cause. It is the most common between the ages of twenty and thirty-five. It is very

rare in children and old people. I think I am safe in stating that infants are never afflicted with it. In the superficial forms of whitlow the inflammation generally commences around and beneath the nail. During the inflammatory stage the part looks red and is very painful. In two or three days the inflammation terminates in suppuration, and pus can be seen immediately beneath the epidermis, and in some cases under the nail.

The matter may form in the connective tissue just under the true skin. The inflammation in this variety often involves the whole hand, so that it becomes swollen and painful. In the deep variety of this disease the inflammation involves all the structures of the finger, and not unfrequently destroys the part. The pain is severe and throbbing and generally extends up to the elbow and shoulder. The pain sometimes prevents sleep for several days and nights. The swelling is great and may become enormous, involving all the fingers, hand and wrist. The skin looks red and puffy. The whole limb is generally stiff and useless. Matter forms among the tissues, within the sheaths of the tendons and under the periosteum. The pus may burrow at any point between the end of the finger and the fore-arm. In very bad cases gangrene may take place and cause sloughing of the tendons and a loss of the phalanges. In this variety the constitutional symptoms are well marked. The face is flushed; there is considerable fever; no sleep on account of the pain; appetite gone; pulse frequent; the head, back and limbs ache.

After determining that we have a felon to treat we should check the morbid action as speedily as possible. If we see the case before pus is formed and we are certain about the diagnosis, the application of *iris vera*, either in tincture, or the whole fresh plant bruised and bound on, will generally abort the disease. The faradic current for 15 or 20 minutes, using the positive pole on the diseased part, is quite a certain method of relief.

One application per day, for two or three days, is necessary if the first one does not prove satisfactory. I have used thorough vesication with cantharidal collodion with good results. If the

above means do not abort the felon; the knife should be used early and boldly. If the matter has burrowed, a number of openings will have to be made. The incisions should be made down to the bone carefully avoiding the tendons. If death of the bone takes place it should be removed as soon as it can be done easily; where the inflammation has subsided and the other parts are stiff they can be rubbed with soap liniment, or any softening preparation.

Compound Powder of Lobelia— Corrected Formula.

BY

JOHN W. FYFE, M. D.

SAUGATUCK, CONN.

During the past winter, pneumonia and the various acute diseases of the chest have been very prevalent in this section of the country, and from which many deaths have resulted, one of my Allopathic neighbors losing five cases of pneumonia in one week. I, however, treated during the winter a larger number of cases of pneumonia than this physician did, and without any deaths. He is a believer in modern Allopathic treatment; I am a believer in modern Eclectic treatment, i. e., in Eclectic direct medication; or, in other words, in the art of fitting remedies to disease expressions or symptoms, regardless of the name by which the entire disease is known. The difference in our success, therefore, is no evidence of lack of skill on his part, nor is it any indication of superior skill on my part. It is simply an illustration of the difference between the *certainty* of Eclectic direct medication and the *uncertainty* of Allopathic medication.

In the treatment of these diseases, our most valuable local remedy is the compound powder of lobelia, the specific indication for which is soreness in the chest. It matters not whether the case be one of pneumonia or a common cold, the application of this preparation will give speedy relief from the uncomfortable soreness in the chest so common in this class of diseases.

I use it as follows: Spread a piece of woollen flannel large enough to cover the troublesome region (cotton flannel is better in warm weather) with a thin

layer of lard, sprinkle about a teaspoonful of the powder over the lard, smooth it down with a table knife, and apply it to the chest; then cover the flannel with cotton batting, which will protect the clothing from the lard and make a more cleanly application. It should be renewed once or twice a day, in the early stage of the treatment, but during convalescence it need not be renewed more often than once in two or three days.

In my article on the treatment of pneumonia, published in the April number of the *Advocate*, I took occasion to refer to the great value of this remedy and give the formula from which I compounded it, but in printing it a very important error was made. I will, therefore, here repeat the formula:

℞ Lobelia Inflata, seed, pulv., ʒiii.
Sanguinaria Canadensis, pulv.,
Dracontium Fetidum, pulv.,
aa. ʒiiss.
Ipecacuanha, pulv., ʒii.
Capsicum, pulv., ʒii.
M. Triturate thoroughly.

If the reader will now turn to the formula on page 138 of his copy of the *Advocate*, and with a pen change the sign after capsicum so as to make it read capsicum two *drachms*, instead of two *ounces*, as printed, he will prevent the possibility of some poor sufferer's chest receiving a very uncomfortable application.

The Scientific Unity of Medicine: or, Homœopathy and Allopathy Reconciled.*

BY

C. A. F. LINDORNE, PH. D., M. D.

SILVER LAKE, FLA.

(Continued from page 132.)

I

CONSERVATION OF ENERGY.

The point upon which Samuel Hahnemann, in his *Organon*, dwells most, and the importance of which he uses the most painstaking to impress upon the readers, is the dynamic character of all diseases, from which he concludes the necessity to make use of remedial agents, the effect of which is also of a dynamical character.

* Copyrighted March, 1885, by the Eclectic Publishing Company.

In this, Hahnemann is perfectly right. All deeper scientific research has confirmed it, and it must be conceded without reserve.

There are, as yet, it is true, a number of open questions and undecided points in physical science. After all probability, mankind, in its pursuit of truth, shall never reach a stage of progress where science will pretend to have solved all problems. It would be a sign of retrogression.

But there are two points with which physical science will stand and fall, these are, (1), *that matter is invariably connected with force*, and (2), *that force is never without motion*. Not only the modern physicists, but, "moreover, physiologists like Du Bois Raymond recognize force as the invariable concomitant, if not as the essential attribute or primary quality, of matter, asserting that to every constant primordial mass belongs a constant primordial quantity of force, and that all the transformations of matter are produced by a differentiation of this primordial force."* And force is "any cause which moves or tends to change its motion." Hobbes, Leibnitz, Huygens had already more or less emphatically pronounced in favor of this principle, "and in the first comprehensive treatise on physics ever published, it is put forth as an axiom, that no change is induced in bodies whose cause is not motion,"† which definition does not differ much from that of Baron Helmholtz, "the object of the natural sciences is to find the motions upon which all other changes are based and their corresponding motive forces;" and citations like these from the writings of eminent physicists might be multiplied almost indefinitely.‡

Hahnemann, however, in putting forward the dynamic theory, is far from using plain language. He minded not, when he wrote his *Organon*, the warning of Ophelia to Laertes:

"Do not as some ungracious pastors do,
Show me the steep and thorny way to heaven.
Whilst, like a puff'd and reckless libertine,
Himself the primrose path of dalliance treads,
And recks not his own road."

* T. B. Stallo, *Modern Physics*, p. 153.

† Stallo, *l. c.* p. 117.

‡ Stallo. *Ibid.* p. 19. Also Wundt, *Deutsche Rundschau*, p. 381, and Charles Darwin, *Power of movements in plants*, p. 449, (New York, 1881.) And as to individual traits of the elective power of the lower types of nature, Ad. Wurtz, *the Atomic Theory*, p. 226, and Tyndall, *Heat as a Mode of Motion*, p. 308.

While he finds fault with the old school for having overlooked and disregarded the spiritual nature of disease and the spiritual and dynamic powers of morbidic agents, and while he calls diseases mere "dynamic aberrations which our spiritual nature undergoes in its mode of feeling and acting, that is to say, immaterial changes in the state of health,"* and claiming at the same time that the natural morbidic power to which the disease is due is nothing else than a "dynamic power without substance,"† by which term he wants to express "that they are not mechanical or chemical changes of the material substance of the body, that they do not depend upon a morbidic material principle, and that they are solely spiritual and dynamic changes of the animal economy,"‡ he speaks, nevertheless, of *chronic miasm* as a *fundamental cause* of disease, and he searches among the known remedies, *i. e.* palpable substances, in order to discover an artificial morbidic power, *i. e.* an herb or a mineral, resembling the natural disease that is to be cured. ||

While he asserts that it is the "immaterial vital spirit only" which animates the material organism, yet he claims that this selfsame immaterial vital principle, in order to bring forth disease, requires a morbidic agent in the shape of a homœopathic remedy, a palpable stuff. He claims, indeed, that it is only its *dynamical influence* which produces this, but he forgets to tell us, how a drug substance which outside of the body, according to his own statement, is dead and subject to the laws of the external world,§ can, inside of it, have an effect upon, or exercise an influence over, the immaterial vital principle. He tries to explain it, but this very attempt denudes only the more the *locus vulnerabilis* of his system; giving, however, at the same time, a hint as to the spot where truth is hidden. He claims to have discovered a process by which the drugs become penetrating, operative, and remedial, "even those that, in a natural or crude

* *Loc. cit.* p. 35.

† *Ibid.* p. 107.

‡ *Ibid.* p. 96.

§ *Loc. cit.* p. 173.

|| "The material organism deprived of its vital principle is incapable of sensation, action, or self-preservation; it is then dead, and subjected to the physical laws of the external world. It suffers decay and is again resolved into its constituent elements.—*Organon.*"

state, betrayed not the least medicinal power upon the human system;* and this process consists in the development of power by diluting the medicine with spirits of wine, and shaking the phial which contains it, twice at each stage of this manipulation.

It is not the dilution with spirits of wine the *Organon* lays stress on, but the *shaking*. The number of shakes to be performed is, therefore, most minutely fixed, and every increase beyond this limit is reputed to "develop their energy in too great a degree."† The Allopathic remedies, on the other hand, are denied a curative quality, because in them there is no dynamical power developed.

Hahnemann's definition or demonstration of the immaterial, reminds one of the notion which certain people entertain about the soul, believing it to be a very thin, thin, thin body. He tries his best to get away from the terrestrial clay, but by a round turn, somehow or other, he always lands again in the midst of it. In spite of his believing disease a mere dynamical aberration, the cause of a disease is, even in his eyes, not immaterial enough to dispense with a bodily vehicle, for he says: "The least breath of air emanating from a patient laboring under small-pox, is sufficient to produce that formidable disease in a healthy child."‡ He asserts that in case of over-medication with sulphur, if "the patient once strongly smell a globule as large as a mustard seed, moistened with hydrarg. mit (x)" his vital power will be rendered disposed again for the beneficial operation of sulphur upon it. Accordingly, as regards the spiritual effect of the remedies, he requires a bodily vehicle too, be it even nothing more than a scent. ||

* Loc. cit. p. 217.

† *Organon*, p. 217. Hahnemann states in his essay on the power of small doses, "Lesser Writings," that a drop of drosera in the 30th dilution having been prepared with 30 successions, would endanger the life of a child affected with whooping-cough, owing to the enormous aggravation it would cause, whereas the same dilution prepared with only two shakes for each dilution would effect a mild cure.

‡ Ibid. p. 36.

|| It remains, by the by, to be seen whether scent as a mode of molecular motion is not, in certain cases, more successful than administration by the stomach. The nature of perfume is far from being altogether understood. Its power of absorption of radiant heat being, in the case of camomile flowers 87, in the case of aniseed 373, it is a question worth while discussing, whether a nasal administration of drugs is not unduly neglected, and must be preferred, in cases of over-sensitiveness, to any other absorption in the system. Dudgeon, in his excellent lectures on

Hahnemann is laboring under the same mistake that most people do who fail in their exertions to establish a rational standpoint as to the spiritual part of nature. Instead of bearing in mind that a differentiation of a physical and a psychical portion of nature is merely an operation of our brain, set down definitely outside of us only in a number of words, they imagine it to be a concrete separation of substance, either of which in its peculiar quality would be capable of separate existence, and, according to the notion of some, even of a distinct perception, when, of course, the spiritual portion must be reducible to bodily intercourse, as well as the bodily portion itself.

All those who thus allow their imagination to lead astray their intellectual powers from the laws which rule the human understanding, misken the human nature as well as the so-called inanimate. They will underrate the bodily nature of external objects, and overrate the mental half of man, and, following their way up with logical consistency, land at last in the ludicrous *laterna magica* of the spiritists, who, in utter despair of convincing the world of the existence of their own inward spirit, always search for the spirits, and pretend to detect them outside of themselves, even there, though, showing to outsiders only the outside of them.

At the time when Hahnemann wrote, the great principle of the conservation of energy in the equivalence of motion and heat was not yet discovered, and, consequently, he is excused in falling into the error of presuming a dynamical quantity being stored up instead of transformed. Now-a-days it cannot any more be a matter of scientific dispute whether Homeopathy is right or wrong, in attributing to its remedies, on account of the shaking of its phials, dynamical qualities which must be denied to the unshaken allopathic remedies

The Theory and Practice of Homeopathy, cites a remark of Paracelsus, which proves that this crude medical genius made use of olfactory medication. Speaking of specifics, he says: "There is, for instance, the *specificum odoriferum*, which cures disease when the patients are unable to swallow the medicines, as in apoplexy and epilepsy." "Cornelius Agrippa relates a story of one, that after a distasteful purge which a physician had prescribed unto him, was so much moved, that at the very sight of physic he would be distempered, though he never so much as smelled to it; the box of physic long after would give him a purge, nay, the very remembrance of it did affect it." *Anatomy of Melancholy*, p. 207.

The only effect this shaking can have upon the contents of the phials is the development of its equivalent of heat, and, consequently, this effect is practically nought, because the heat produced by shaking a phial of medicine twice (the special practice of Hahnemann himself), will not be discernable by the most delicate galvanometer; and, besides, it is not heat that the Homoeopaths want to produce. But all this does not affect tangibly the substance of Hahnemann's assertion. The dynamical character of disease and its remedies is indisputable.

(To be Continued.)

Typhus Fever.

BY

I. J. M. Goss, M. D.,
MARIETTA, GA.

Typhus (from typhos—a heavy stupor) fever has been described under many names, and, until during the present century, was confounded with typhoid fever, although these two forms of fever are essentially distinct or independent types—of continued fever. It is not as common as typhoid fever in the Southern part of the United States. It is very common in Ireland, Poland, Russia and countries bordering on the Baltic Sea. It is stated by Dr. Heirsch that typhus prevailed in Ireland from 1797 to 1803, and then from 1815 to 1819, and frequently up to 1858. The same author states that during the years 1817, 1818 and 1819, not less than 800,000 of the 6,000,000 population of Ireland had this fever; 45,000 died. Dr. Flint (of New York) says that the disease was imported to America by Irish emigrants. It began to prevail in New York, as an epidemic, in the year 1861, and from then to 1864 there were 1,428 cases admitted into the Bellevue Hospital. It appeared on board of emigrant ships so often that it soon was styled “ship fever” or “ship typhus.” And by railroads, it has been scattered all over the United States. But from 1807 up to this date, typhus has occasionally been observed in many localities, which could not be traced to any foreign source.

CAUSES.—It is believed by most writers that typhus, like typhoid fever, is pro-

duced by a specific organic poison, which poison is reproduced in the bodies of those that are sick with this disease; hence, it becomes a contagious disease. It prevails in crowded ships, jails, poor-houses, where there is confined air or want of cleanliness and ventilation, in factories, narrow streets, camps of armies, etc. As in case of the production of the germ of typhoid fever, so the specific zymotic poison of this form of continued fever may be produced from an atmosphere very strongly impregnated with the effluvia arising from the excretions and bodies of those afflicted with this disease, and may start, *de-novo*, from putrid, or decomposing animal and vegetable matter. This concentrated organic matter, by a peculiar process of decomposition, develops this specific poison that produces the disease in question. And although somewhat similar conditions of the atmosphere and of decomposing animal and vegetable matter are concerned in the production of the poison of typhoid and typhus fever, yet the molecular composition of the two are so widely different that the diseases are quite opposite in their pathological peculiarities. But that these diseases are both contagious, when once developed, is beyond all question; but perhaps typhus is more readily communicated by contact than typhoid fever. But both are contagious.

SYMPTOMS OF TYPHUS.—The symptoms are somewhat analogous to those of typhoid fever, but are developed more rapidly, rendering the initial stage of typhus much shorter than that of typhoid fever, but is characterized by the same dullness, headache, and general indisposition, and the fever may be preceded by a chill. The face is suffused with a dingy redness, and congestion of the surface, and there is a more rapid rise of temperature, a more frequent pulse, and an earlier tendency to delirium, than in typhoid fever. The tongue is coated with a brown coating, sordes soon appears on the teeth, lips, and tongue, and the conjunctiva is congested. Where much stupor exists, there will be contraction of the pupils, and frequently subsultus. The bowels are usually either torpid or constipated the first week, and sometimes throughout the entire course of the attack. But in cases there may be frequent, mushy

stools. There may be hemorrhage from the bowels, or epistaxis, but it is not so common as in typhoid fever. The fever usually reaches its climax about the fifth day, which is from 104° to 106° F; the morning temperature is about 102° F, and usually the evening temperature is about 103° F. In cases that generally prove fatal the temperature is some 2 or 2½ degrees higher. The very rapid decline in the temperature about the end of the second week, indicates approaching convalescence. The pulse ranges from 100 to 130 per minute. The average duration of the disease is about two or three weeks, but sometimes it continues longer, say thirty to thirty-five days. The eruption appears in typhus from the third to the fifth day, and is diffused over the trunk and limbs, and is of a mulberry color, instead of the rose red of typhoid fever. It is about as fatal as typhoid fever generally, but not always. The pathological changes in the blood, tissues, the process of nutrition, and in the functions of excretion, are very similar in typhus to those found in typhoid fever, the causes acting in a similar direction, but they seem to act with greater intensity in typhus than they do in typhoid fever. Hence the more rapid development of the disease, and disturbance of the nervous functions, the capillary circulation and the secretions, and, also, the earlier termination of this disease, either is death or convalescence.

POST MORTEM APPEARANCES.—The appearances after death are quite different from those that follow typhoid fever. The blood is of a darker color, and uncoagulable, and all its constituents more impaired. The glands of the bowels are much less changed in typhus than they are in typhoid fever, and sometimes they are unchanged.

TREATMENT.—According to the recent developments of the cause and nature of this form of fever, a course of antiseptic treatment is the first thing suggested to the thinking physician. And the success that has attended my trials of this mode of treatment encourages me to recommend it to others, as it does not interfere with any general or palliative treatment that may be suggested by the complications arising in the course of the disease. I usually put my patient upon five to ten drops of

the pure oil of sassafras, and fifteen to thirty drops of the tincture of baptisia, every two hours; and, if there is much febrile reaction, I alternate with one drop of aconite, which I give every hour, until the disease begins to decline, then every two, and finally every three hours. If the bowels are constipated, I give small doses of salts or cream of tartar until they move gently once. All the complications should be promptly met as they arise. If the abortive or antiseptic treatment is commenced at the beginning of the disease, as it always should be, the disease may expect to be terminated about the fourteenth day. But if the abortive treatment is not instituted in the incipency of the attack, then the arterial sedatives should be given until the morbid impress upon the nerve centres shall have been subdued, and the circulation and respiration reduced to near a normal standard. And the antiseptic remedies will still do good, by preventing further lesions, which will materially aid the other remedies in the final restoration to health. If hemorrhage takes place in the bowels, the internal use of Monsell's salt of iron, 2 gr. every hour, will soon control the hemorrhage. This course has met the disease for me.

ORIGINAL TRANSLATIONS.

[All translations from the French, unless otherwise specified, are by Mrs. Mary A. Sears, New York City.]

The Treatment of Cholera.

(Continued from page 102.)

After a delay, varying from five to ten days, the disease is confirmed by various other symptoms: distress of the stomach, insomnia, vertigo, muscular cramps, vomiting, etc.

In this stage of the disease it is not alone necessary to combat the gastro-intestinal catarrh; the therapeutic indications are more complex. We have to deal with the gastro-intestinal irritation, the expulsion of the medicines by vomiting or diarrhoea, and have also to prevent their accumulation in the digestive tract, and their slow absorption. This danger is not imaginary, since treatment by opium justly occupies the first

rank. Laudanum, in doses of five drops, mixed with some aromatic infusion, is given every quarter or half hour. Acetate of ammonia, or sub-nitrate of bismuth, can also be added to this mixture. Dover's powder has been proposed by M. H. Huchard, in the dose of from one-half to one gramme. With this prescription: ipecacuanha, opium, and nitrate of potash, he claims to modify the *saburral* state by the emetic, to diminish the peristaltic action of the intestines by the opiate, and to combat the excessive concentration of blood by the alkaline salt. This preparation has the one inconvenience, that it is a powder, and therefore of difficult and slow absorption.

M. Bucquoy prefers to add to the opiates, diffusive stimulants, such as the liquor of Hoffmann, or aromatic excitants like the tincture of cinnamon. This prescription was used during the epidemic of 1884.

M. Desprey prescribes a different mixture: he substitutes the syrup of morphine for the opium, and adds to it chloroform, alcohol, and the acetate of ammonia. To these could be added numerous other formulæ of the same general character.

In the colliquative stage of the disease, among the absorbent and astringent powders, the sub-nitrate of bismuth, tannin, and cachon are preferred. With a patient whom I had occasion to see with M. Hénocque, we were able, by the use of the latter remedy, to overcome a cholera flux, after all other remedies had failed. Following the absorbent powders, the salicylate of bismuth can be used. M. Vulpian proves that it possesses the double quality of producing constipation, and acting as an anti-zymotic by changing, in the intestines, into oxide of bismuth, and salicylic acid. Recently I have seen it prescribed for combatting obstinate diarrhoea, given in from 4 to 12 grammes a day, the dose being from $\frac{1}{2}$ to 1 gramme every hour. Black sulphide of mercury has been recommended by M. Hayem, in doses of 1 gramme every hour until 12 grammes have been taken. This remedy given after the latter, is said to be useful in destroying the parasites. How then can its uselessness be explained during this period when the microbes are multiplying in the intestinal tract?

Under the name of an anti-zymotic, iodoform has been proposed by M. Lereboullet, who advises that the pills be encased in gelatine in order to protect the drug, and reserve its strength for the destruction of the micro-germs of the intestines. This precaution applies equally to salicylate of bismuth and salicylic acid. When the malady increases, the gastric distress and vomiting become greater and greater obstacles to the action of the medicines.

At the Marine Hospital, at Toulon, vomiting has been diminished by the aid of Green Chartreuse, given every quarter hour in teaspoonful doses, followed immediately by a small piece of ice. Patients who have submitted to this alcoholic medication often succumb to acute gastritis or hemorrhages, unless they have always been accustomed to the free use of spirituous liquors.

In using enemata of sub-nitrate of bismuth, laudanum, etc., the time should be considered; giving them after each stool, unless the diarrhoea ceases or diminishes rapidly. The hypodermic syringe has placed in the hands of the physician the means of administering medicines with good results; and I wish to speak of the use of morphine, atropine, caffeine, and ether. Morphine has been recommended for combatting cramps and vomiting, the injection being made over the stomach. The use of atropine is not of recent date. Belladonna has been proposed by Debreyne, as by its combination with morphine it moderates the poisonous effects of this latter alkaloid. It is by the hypodermic method that M. Huchard has employed caffeine; he has also used an ether valerianate of amyl. But, although this latter remedy possesses stimulating properties which it would seem should make its results favorable, it was not successful. To prevent muscular cramps, and spasms of the digestive tract, alcoholic friction is of value.

The therapeutic treatment must be governed by the rapidity and violence of the attack, and we must not lose sight of the existence of the two grave obstacles to the action of the medicines; the vomiting, and the obstruction of the digestive tract by a liquid rich in salts and rice from products of epithelial desquamation.

The Medical Advocate,

A Monthly Journal of Medicine, Surgery and the Kindred Sciences.

EDITOR: Joseph A. House, M.D.

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We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

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EDITORIAL.

DURING the past few weeks, the anxiety of the public has been greatly relieved by the improved condition of General Grant; and now, that there is no immediate danger of a fatal termination of his disease, strong hopes are entertained that he may ultimately recover. Whether these hopes are well grounded or not, time will determine; but, in the meantime, the attending physicians cannot escape some censure for having so long kept the nation in suspense as to the real condition of their illustrious patient. We do not pretend to say that an error has been made in the diagnosis of the case, but it does appear as if the attending physicians took advantage of the misfortunes of the patient to secure for themselves a large amount of free advertising.

Anyone familiar with the history of epithelioma cannot but feel ashamed of the manner in which the attending phys-

icians of this case have continued to issue their daily bulletins and the absurd statements contained therein. If General Grant is suffering from epithelioma, it is certain that the low condition in which he was so long reported to be, was not due to that disease. Had it progressed to a stage that would produce such extreme prostration, he could not have rallied in the manner in which he has. While epithelioma develops more slowly than any other form of malignant tumor, its progress is nevertheless certain, and when it has gone so far as to produce glandular involvement, loss of flesh, hemorrhage, and general prostration, it is sure to continue from bad to worse and finally terminate fatally. From the history of this case as it has appeared in the public press and in the *Medical Record*, it is clear to any careful observer that in some respects the treatment closely resembles that adopted in the case of President Garfield. Anodynes were administered continuously till the system became so impregnated with the salts of opium that all the natural functions of the body were perverted, and what nourishment was taken into the stomach could not by any possibility be assimilated. This lack of assimilation was naturally followed by loss of flesh and great prostration. Whenever the patient was so low that they thought the end was near, the anodynes were in a measure discontinued and the condition of the patient immediately improved. In other words, the medication was having a more deleterious effect on the system of the patient than the disease, and when the first was discontinued, the natural vitality of the patient overcame the more serious symptoms of the latter.

Another singular circumstance in connection with the case was the desire of the physicians to explain the great prostration of their patient, and, in their anxiety, they ascribed it in part to the

loss of four ounces of blood, a conclusion that would hardly be arrived at by the merest novice in medicine.

We have carefully examined the reports of the *Medical Record* to find any statement of the treatment employed locally, yet these very men will denounce others who refuse to inform them of the nature of the treatment they employed in similar cases. Why is it that Drs. Douglas and Shrady have so persistently avoided any reference to the treatment of their patient except the administration of opiates, while they are continually reiterating that "The topical remedies employed have had their desired effect in reducing local irritation and perceptibly checking the progress of infiltration." Are we to infer from this that Drs. Douglas and Shrady, as cancer specialists, are anxious to keep secret from the profession the treatment that so successfully checks the progress of infiltration?

There is another feature of the case that we find it difficult to understand. Why is it necessary for such shining lights in the profession to give up all their other practice, which must of course be very extensive, for the sake of devoting their time entirely to a patient whose temperature and pulse have invariably been reported normal, and who has never at any time been in a condition which they have considered dangerous? What have they been able to accomplish by this constant attendance more than could have been done by two or three visits a day?

Whatever may be the nature of the disease with which General Grant is afflicted, certain it is that it could not have produced the alarming symptoms which for a time appeared likely to prove fatal. It is equally certain that the continued use of morphine in large quantities had much to do with lowering his vitality and augmenting the anxiety of

the nation in his behalf. It is certain that the physicians in attendance were determined to make all the capital they could out of their connection with the case without regarding the fact that such ostentation cannot fail to destroy public confidence in the medical profession.

In view of all the circumstances, we have reason to hope that there may have been an error in the diagnosis as well as in the prognosis and treatment of the case, and that General Grant may long live as a witness of the ignorance and incompetency of the men who arrogate to themselves all the knowledge in the medical profession.

* * *

The bacteria inoculation craze is spreading. A Spanish physician, Dr. Ferran, has been experimenting with a cultivation of Koch's comma-bacillus with a view to discovering a possible protection against cholera by inoculation. Last February, several persons, among them two physicians, submitted themselves to a hypodermic injection of the attenuated cholera virus, and, in a few hours, symptoms were presented which, as they progressed, closely resembled Asiatic cholera, but which abated rapidly at the end of twenty-four hours, and in two days had entirely disappeared.

A repetition of the experiment was made a few days later, in which six persons were inoculated, with similar results; but re-inoculation with the same virus, in identical doses, produced absolutely no result whatever.

While these experiments show that the virus used is protective against itself, it by no means follows that it will prove, in the slightest degree, protective against cholera. Furthermore, there is no evidence to show that the virus used bore any relation to the cholera poison at all, especially as doubt has been cast upon the value of Koch's claim to having discovered the cholera germ.

The only definite result thus far obtained from Dr. Ferran's experiment, is the fact that the virus in question is capable of rendering a person very ill for a day or two, which result can hardly be satisfactory, even to the individual who consents to thus jeopardize his health in the interest of science.

* * *

As we have already announced through these columns, we propose to publish a "Directory," to contain the names of all the Eclectic physicians in the United States. The publication of this work will, of course, be attended with considerable labor, and no little expense. No pecuniary benefit can result to us from the project, and we are induced to undertake it only in consequence of the great advantage it will be to the Eclectic movement.

Thorough organization is essential to a greater development, and a correct enumeration in a convenient form of the members of the Eclectic branch of the profession should be the next step in this direction.

We again ask our readers to aid us in this work. If everyone will send us a list of the names of the Eclectic practitioners residing in his county, it will contribute materially toward an early compilation.

* * *

The portraits of Dr. Richard E. Kunzé and Dr. Wooster Beach will appear in our Gallery for June.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Dr. Rew asks, in your April number, for a treatment for severe burns. The following treatment was adopted in a severe case of a young

woman who was badly burned by a lamp explosion. The area of injury was extensive; her neck, both breasts, and left side and arm were involved. After carefully removing the clothing so as to save the cuticle, the blisters were punctured and their contents evacuated. Then the parts were dressed with linseed oil on lint, and covered with cotton batting; this was kept in place by bandages. For the shock and chilliness which ensued, I gave brandy and xanthoxylum, fluid extract, in hot water. To obviate the necessity of removing the dressing on account of offensive discharges, carbolic acid was used, dissolved in the oil in the proportion of one part to ten. This dressing was not changed for six days, after which time it was frequently removed. The patient made a good recovery.

T. A. BAYLEY, M. D.

N. Y., April 29, 1885.

EDITOR ADVOCATE:—In your April issue Dr. Rew enquires for a remedy for incontinence of urine. Obviously, in treating this condition, it is first necessary to arrive at the cause. In many cases, especially with adults, the incontinence is only a result of over-distension, and is a mere overflow. With children, it is due to a want of power of the neck of the bladder during sleep, and may result from the neglect of parents to notice the child's desire to urinate during the night. It is well to bear in mind that nocturnal incontinence in a child usually means atony of the sphincter; while incontinence during the day should suggest bladder irritation. Incontinence in the adult may arise from some obstructive, urethral or prostatic disease, atony or paralysis. It may be due to stone. In women it may be associated with uterine displacement. Severe spinal disease may cause it. As regards remedies to be used, I would suggest, besides belladonna and gelsemium, nux vom., and tonics, such as iron, quinine, etc., as indicated. Any treatment will be apt to be unsatisfactory unless the cause of the trouble is made out.

J. F. STROBELL, M. D.

Boston, April 30, 1885.

EDITOR ADVOCATE:—Will some of your readers give, through the columns of



I. J. M. Goss, M. D.

your journal, the best treatment for Epilepsy? I have a case that has baffled the skill of many physicians. The patient is a man whose general health is very good. F. B.

EDITOR ADVOCATE:—Please mention a good remedy for corns. Also, formula for a reliable worm powder, for the long, round worm so troublesome to children. A. S., M. D.

EDITOR ADVOCATE:—What springs (waiving the Hot Springs of Arkansas) have we in this country for the cure of syphilitic disorders? Are there any as efficacious as the waters of Aix-la-Chapelle, and is the treatment as satisfactory? ENQUIRER.

EDITOR ADVOCATE:—Will you, or some of your readers, give the formulæ for the following? if not exact, the approximate: Cuticura (an ointment.) Stewart's Healing Powder.

A SUBSCRIBER.

MURRAYVILLE, Ill.

EDITOR ADVOCATE:—If you are acquainted with a well-posted and successful Eclectic physician desirous of coming West, please send him to this place. I would like to have one locate here, and would help to introduce him; but I should wish him to be up with the times, a fair surgeon and gynecologist, and a man of some experience and good address. I would be glad to correspond with such a party.

E. P. STEARNS, M. D.

NEWTON, Kans., April 28, 1885.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

AN APHRODISIAC.

℞. Powdered capsicum, - -
Powdered cloves, - aa 3 j.
Powdered ginger, - -
Saffron, - - - aa 3 jii.
Cantharides, - - - 3 v.
Proof spirits, - - - Oj.

M. Digest for ten days. Dose: One to three teaspoonfuls in mixtures as a stimulant and aphrodisiac. This prep-

aration is also known as the "Devil's Elixir."

TAMAR INDIEN.

℞. Tamarind pulp, - grams 450
Sugar, powdered, - - " 40
Milk sugar, - - - " 60
Glycerin, - - - " 50

Evaporate to the consistence of a soft extract, then add:

Senna, powdered, - grams 50
Anise, - - - " 10
Oil lemon, - - - " 3
Tartaric acid, - - - " 3

Mix and form into 100 boluses. Expose these to the vapors of water, then roll them in a powder composed of:

Potassium bitartrate, - grams 5
Milk sugar, - - - " 35
Tragacanth, - - - " 3
Tartaric acid, - - - " 2
Red saunders, - - - " 25

Finally dry them and wrap in tinfoil.

—*L'Union Pharmaceutique.*

INCONTINENCE OF URINE IN CHILDREN.

℞. Tinc. of belladonnæ - gtt j.
Potas brom., - - - gr. x.
Infus. digital, - - - 3 ij.
Aque ad, - - - 3 ss.

M. To be taken three times a day.

EUSTACE SMITH.

ARTIFICIAL SEA-WATER.

℞. Epsom salts, - - - 3 ij.
Chloride of lime, - - - gr. xx.
Salt, - - - 3 iij.
Ammonia carb, - - - gr. v.
Water, - - - gal. j.

M.

—*Ind. Pharm.*

TO CURE A FELON.

℞. Veratrum viride, - - -
Iris versicolor, - - -
Datura stramon, - - - aa 3 j.
Adipia, - - - - lbj.

Mix and simmer over a slow fire until the ointment contains all the strength of the drugs.

When the felon appears upon the finger or thumb, it should be held in the ointment as hot as can be borne for several hours. This will relieve pain and drive the felon away, or quickly bring it to a head so it can be easily opened.

—*Med. Times.*

OUR PORTRAIT GALLERY.

Portraits of the following eminent physicians appeared in the *Advocate* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rhodes Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch.

VI.

I. J. M. Goss, M. D.

The subject of this sketch was born in Oglethorpe Co., Ga., on the 16th day of August, 1819. His ancestry belonged to Bavaria, and immigrated to America at an early day. The father of Dr. Goss was the Rev. Isham Goss, a noted divine and pulpit orator who came to Georgia from Virginia just after the revolutionary war. Dr. Goss' parents died when he was quite young; on which account his education had to be procured by his own unaided efforts. Having an innate thirst for knowledge, he denied himself the comforts of life, and labored very intensely for several years to procure a classical education, finally graduating in Emory College, Georgia, in his native county. Soon after, he commenced the study of medicine, his chosen profession, and prepared himself for entrance into the Medical Department of the University of Georgia, where he graduated with honor to himself and the University. He commenced the practice of medicine in western Georgia without means, with a limited library and a stock of medicines purchased on credit. However, he soon became noted as a successful physician, his practice extending far and wide.

After having practiced for twelve years according to the regular Allopathic system, he saw that there was great necessity for a wider scope of therapeutical remedies. Having accidentally received a small pamphlet from a manufacturing pharmacist, giving the use of several American remedies, just then being manufactured in the form of fluid and solid extract, he at once procured the works of Beach, King, Massey, Newton, Powel, etc. Becoming thus acquainted with the remedies of the American system of therapeutics, he was thoroughly convinced that old physic was much behind in the great art of healing. This change of practice contributed much to his success. Being now identified with liberal and progressive medical science, he, as a matter of course, was ostracised by his old friends; but that did not discourage him from advancing on in the light of rational investigation.

In 1856, the Eclectic Medical Institute, of Cincinnati, conferred upon Dr. Goss the degree of Doctor of Medicine, and in the same year, the old Eclectic Medical College, of Philadelphia, honored him in a similar manner. Shortly after, the Atlanta Medical College conferred the *ad-eundem gradum* upon him.

In the year 1868, he was elected to the chair of Practice in the Philadelphia University; but, after filling that position for one term, he returned south, the extreme cold of

a northern latitude proving too severe for his health. In 1877, a new charter was obtained for the Georgia Eclectic Medical College, and Dr. Goss was elected to fill the chairs of Practice and Materia Medica, (having held these positions under the old charter for some years) which position he still holds.

In 1877, he published a work on "Materia Medica," and later in the same year his work on "New Remedies," was also published in St. Louis, Mo. In 1882, he completed his manuscript on "Theory and Practice of Medicine," which was published at Philadelphia.

In the south, Dr. Goss has always been a leading spirit in the Eclectic school. He formed the first Eclectic Medical Society ever organized in the south, which has now grown to grand proportions. He has been a prolific writer, and he is well known through his numerous contributions to medical journals.

Dr. Goss is now in his 66th year, but still full of mental vigor and energy; still contending for rational medicine. He fearlessly attacks the errors of the old system, not in a captious spirit, but in the boldness that comes of honest convictions. While Allopathic practitioners, of course, refuse to affiliate with him in some instances, yet they tacitly acknowledge his superior attainments. He is still engaged in a large and remunerative practice.

VIII.

Louis Pasteur.

Louis Pasteur was born in Dole, in 1822, and was appointed Teacher in Chemistry at Besancon and then at Dijon, and finally was appointed Professor of Chemistry at Strasbourg in 1849. In 1857 he conducted the Normal School in Paris, and in 1868 was appointed Professor of Chemistry at the Sorbonne. He was compelled to resign this position, as one side of his body became paralyzed; but he gradually regained his health sufficiently to be able to take up his chemical researches, and in order to enable him to give full attention to his studies, the French Government has granted an annual pension of twelve thousand francs since 1874, which was raised to twenty thousand francs recently. In one of his first works he discovered that crystallized organic substances, although having the same chemical properties, have decidedly different physical properties, especially in the relation to the refraction of light. He made many valuable discoveries in relation to fermentation, and was able to prove that the process of fermentation, that is, the conversion of sugar into alcohol and carbonic acid, is due to the vitality of the yeast germ. In this matter, the celebrated chemist Liebig was his opponent, but Pasteur's experiments were so numerous and new, and, at the same time, so absolutely exact, that his success was assured. He finally conceived the idea of making experiments to ascertain whether yeast germs, fermentation, mold, etc., should originate of themselves in fluid. His experiments proved beyond any doubt that this was not possible, and thus settled this question of long stand-

ing. He also discovered a method of preserving wine and beer by heating it for about thirty minutes to from 46° to 48° centigrade, whereby the yeast germs are destroyed and prevent further decomposition of the liquid.

Since 1870, Pasteur has given all his attention to contagious diseases, such as anthrax, chicken cholera, and rabies of dogs. All the diseases are caused by parasites or microbes, and he claims that by inoculating part of the poison, in very small quantities and very much diluted, into the system, a person is less apt to be affected by these diseases than those who have not been thus inoculated. Toussaint previously made experiments with the blood of animals suffering from anthrax, but Pasteur has succeeded in raising anthrax bacilli in a drop of blood by preserving the germs in certain substances. The strength as a poison was diminished to such an extent as not to cause any disease. Injections of this diluted poison protected animals to such an extent that very few suffered from anthrax, where formerly entire herds were killed.

The latest experiments Pasteur has made are in relation to the rabies of dogs; and during the first months of this year, he notified the Paris Academy that by inoculating dogs with microbe organisms they have been protected from the bites of rabid dogs. The details of the results of these experiments are so well known that they need no further mention here.—*N. B. Med. Month.*

ECLECTIC SELECTIONS.

AGENTS WHICH INFLUENCE THE CIRCULATION.—Alcohol.—Physical Action on Circulation.—Toxic doses of alcohol reduce both the force and frequency of the pulse; at the same time it reduces the arterial pressure. The force is reduced by the depressing effect of alcohol on the heart itself, and the frequency by the inhibitory stimulus of the vagi. If the stimulation is carried far, it produces paralysis of the vagi, and then the pulse may be increased.

In moderate or small therapeutic doses, alcohol increases the force and frequency of the pulse, with increased arterial pressure.

Therapeutic Indications.—A feeble, non-resisting pulse. Under any circumstances when we have a failure of heart power, whether it be from exhaustion, loss of blood, or the effect of some poisonous depressing agent, alcohol is indicated. In adynamic fevers, where the pulse is quick and feeble, it is specially indicated, as by stimulating the heart and increasing the force, it reduces the frequency. The size of the dose must always be guided by the effect. So long as it lowers the pulse

and reduces the temperature the dose is all right, but should the pulse become bounding, the skin hot and dry, and the patient restless, the dose is too large, and must be decreased or omitted for a time. No special quantity can be definitely laid down, but each case must be decided by the effect produced.

Ammonia.—Physiological Action on the Heart and Blood Vessels.—Large doses of ammonia produce a temporary decrease in the pulse rate and blood pressure, followed by a sudden rise in the rapidity of the hearts' action, and the pressure in the arterial system. This decrease in the arterial tension is only observed where large doses have been administered, either internally or by intravenous injections; the condition is undoubtedly owing to the temporary action of the poison on the heart.

When given in therapeutic doses, it is a powerful arterial stimulant, though not lasting in its effects. It stimulates the accelerators of the heart and the muscular walls of the arteries, producing an increased warmth of the surface, and a general feeling of activity throughout the whole system.

Therapeutic Indications.—The most prominent indication for the use of ammonia is failure of the heart's action. It is especially indicated in sudden faintings, exhaustion, shock or collapse from injury. It does not appear to be of any advantage in the failure of the heart in adynamic fevers. The aqua ammonia and the carbonate are the preparations usually used to influence the circulation. Either preparation can be inhaled or given internally. Ten to fifteen min. of the aqua ammonia, diluted with four parts of water, is sometimes used as an intravenous injection in failure of the heart during anaesthesia, which may be repeated every fifteen minutes. Or the same method may be adopted in any sudden collapse from any cause.—*Cal. Med. Jour.*

TONICS.—The average physician replies, when asked what medicine he would prescribe in cases of general debility—Tonics. Then, if the quizz be continued, and the question be put as to the kind of tonic medicine or what particular agent he prefers, he mentions iron, quinine, nux, hydrastis, and other bitter remedies. "The bitter wine of

iron" sounds well to the doctor who has not studied the specific activities or energies of medicines in special pathological states. Having occasion to ask a physician who enjoys a large patronage in a first-class city what he had been prescribing to a feeble woman suffering from sub-involution of the uterus, he replied, "I am giving the extract of beef, with wine of iron," mentioning the manufacturer of the stuff. I asked him there and then if he did not know that iron would damage a case of the kind, and that the combination he named, though seemingly a tonic, was actually a depressant? He then retorted by inquiring what I would advise. The reply was, "The biniodide of mercury in medicinal doses." "What sized doses?" he continued. "In a sixty-fourth of a grain doses," was the answer. "How would you exhibit it?" "I prescribe one grain in four ounces of water, and order a half teaspoonful of the solution every three or four hours." But, I thought you were an Eclectic?" "And so I am, and the best evidence of the fact is that I prescribe what I have ascertained experimentally to be the best, no matter what the agent may be." "Why not give calomel or blue mass, in alterative doses, as we do?" "Because mercury is not an alterative in the doses you employ; but the protiodides and the biniodides in doses from the fiftieth to the hundredth of a grain, are efficient in the removal of certain hypertrophies—for instance, in lessening the size of a sub-involuted uterus, and most adenomata."

When a doctor talks about the use of "uterine tonics," I claim that he is given to glittering generalities, and has never ventured to question the dictates of the "Fathers."—*Eclectic Med. Jour.*

A HAIR TONIC.—The best remedy to stimulate the growth of hair, and to keep the hair from coming out, is uvedalia. If the scalp is dry and harsh, the ointment of uvedalia may be rubbed up with an equal part of vaseline and scented. If the sebaceous secretion is free, the tincture may be employed, adding bay rum, one or two parts. In either case, the scalp is thoroughly rubbed with the remedy once or twice a day.—*Ecl. Med. Jour.*

HOMŒOPATHIC SELECTIONS.

THE DOCTOR TALKS.—"Speaking of specialists," said the Doctor to me the other day, as I met him on the sidewalk in front of his office, "I don't think we have half enough of them. The tendency of the age is to long-division, and a man's anatomy has got to be cut up and farmed out. The teeth were long ago delivered over to the dentists. Alienists now take charge of the gray matter beneath the dome-like calvarium, while the smiling neurologist with his battery promises to soothe the spinal cord and all its branches. The chiropodist clings to our feet below, the manicure has us by the tips of our fingers, and the newly-arisen scalp surgeon rubs it upon the tops of our heads. There is a doctor for the heart and a doctor for the lungs, while the tormented uterus is in the hands of the genial gynecologist. No one pretends to touch an eye or an ear except the 'O. et A. Chirs,' while acres of dermatologists and spermatologists, threatening us with 'Satan in Society' and the devil to pay generally. Then at the end of the procession there is the No Cure, No Pay man, and his cousin, Sure Cure, and get-your-pay-if-you-can.

"I think," continued the Doctor, "that we need just one more specialist, who might be called a Breathologist. But people never go to a doctor to be treated for a bad breath—never. The reason is that this is a disease of which everyone is painfully conscious except the patient. He is serene; all others are sufferers. If a person has a pain in his back no one else will discover it if the one affected remains silent; but with a bad breath everyone finds it out the moment a word is spoken, even though the word be on some other subject. There ought, for this reason, to be a public breath-tester, who should receive a very large salary, and he ought to recommend those whose breaths need perfuming to a specialist in that line.

"I have been trying to study out the cause of bad breath, and I have come to the conclusion that, in the great majority of cases, the tonsils are the offensive organs. It is seldom due to the teeth, for in many such cases the teeth are perfectly sound. When due to ozæna the diagnosis is always so clear as to never leave a doubt. It is rare that the

odor comes from the lungs, this occurring only in advanced phthisis, or interstitial pneumonia with bronchiectasis. The commonly-received opinion that it comes from the stomach is erroneous. The œsophagus is a closed tube. When not performing its function in the process of deglutition, it is in a state of collapse. Like a valve, it shuts off communication between the stomach and the mouth, save when one eructates. At such moments only do the gases of the stomach become part of the breath. No, it is not the stomach—not in one case in ten. Then the teeth are ruled out (except when actually decayed); the nose is ruled out (except in actual *ozæna*); the lungs are ruled out (except in advanced degeneration); the stomach is ruled out (except at the moment of eructation.) And yet a great many people with sound teeth, sound noses, sound lungs, and sound stomachs have bad breaths, and it is all due to the tonsils," repeated the Doctor.

"Now, there are some who can conceive no good purpose which the tonsils serve in the economy of nature. But I am not of that number. I think that, like the patches on the seat of the little boy's pants, they were put there for a purpose. Now just consider a moment the anatomy of the neck. Running down the side, there is the carotid artery, the internal jugular vein, the pneumogastric nerve, the cervical portion of the sympathetic and the cervical portion of a score of other things; and close to these is the much-abused pharynx, along which pass mixtures freezing cold and mixtures piping hot; chunks of beef and slices of potato; fiery pepper and ardent spirits; raw oysters, and pieces of shell, and fish-bones, and glass, and tacks and hair-pins and the dickens knows what, and the tonsils are placed in position like cushions to protect from injury the aforementioned nerves and vessels. There would have to be a big tonsil at the back of the fauces to protect the medulla, but for the bony wall which serves that purpose.

"Now these ductless glands, the tonsils, are but poorly supplied with nerves, and made insensitive, in order that they may perform without a murmur the duty allotted to them. But on their inner surfaces, those sides which project into the pharynx, there are about a dozen

orifices leading into small recesses, from which numerous follicles branch out into the substance of the gland, and those follicles are lined with mucous membrane, and in the submucous tissue there are numerous capsules which contain a thick grayish secretion. Now in certain diseased conditions of the tonsil, this secretion becomes abundant and fills the follicles, and sometime, by the aid of a proper instrument, it can be pressed out of the pharyngeal orifices in small cheesy masses, and if you carry some of this off to an open window, and smell of it, you will find that it possesses the peculiar odor of a bad breath. The conclusion at which I have arrived is that in order to cure a bad breath you must treat the tonsils, and," said the Doctor, as he climbed into his buggy and prepared to strike his horse with the whip, "there is a promising field for the Breathologist".—*Med. Era.*

THE EGG IN FELONS.—By J. A. Whitman, M. D.—I saw in your last journal that some one recommends the skin of an egg for *Felon*. I used to hear it recommended when a lad, but never saw much benefit from it. For the last fifteen years I have used the *whole* egg, and have yet to see a case that it will not cure, if it is a *real bone felon*. I used it thus: Take a fresh egg and crack the shell at the large end, making a hole just large enough to admit the thumb or finger, whichever it may be, and forcing it into the egg as far as you can without further rupturing the shell. Wipe off the egg which runs out, and bind round the whole a handkerchief or soft cloth; let it remain on one night and generally your felon is cured; if not, make another application. I have yet to see the case where it has failed, and should be pleased to hear from any one trying this where it has not cured.—*Amer. Hom.*

SYZYGIIUM JAMBOLANUM IN DIABETES.—By Dr. Dudgeon—In the February number of the *Homœopathic World* you notice the observations of Banatvala with reference to its efficacy in diabetes. A similar notice appeared in the *British Journal of Homœopathy*, xli., p. 275, taken from the *Medical Record* of February, 1883.

Soon after the appearance of the origi-

nal notice a case of diabetes which I had under treatment, and which had hitherto been doing pretty well under the ordinary homoeopathic treatment and a moderately strict diet, seemed no longer to make any improvement. The patient, becoming anxious, left me for a medical man who has a special reputation for diabetes. This practitioner put the patient on a very strict diabetes diet, and gave for medicine *Codein* in considerable doses. This did very well for some time, but gradually the *Codein* seemed to lose its power, and the strict diet became very irksome. The patient, gentleman aged 64, returned under my care. I examined the urine, and found a reduced quantity of sugar in it, but still some. On leaving off the *Codein* and stringent diet, the sugar immediately reappeared in considerable quantity. I had in the meantime procured from India a quantity of the *Syzygium* seeds or fruit, and, as he was very anxious to try it, I gave him two or three doses daily of the 1x dilution, which I prepared myself. Under this treatment the quantity of sugar diminished considerably, and, even though I allowed considerable liberties in diet, the sugar still continued to diminish, until scarcely a trace could be discovered by boiling with potash, and its specific gravity fell down to 1017. The daily and nightly quantity of urine passed also fell very considerably. The case has other features which make it a very interesting one, but I need not dwell on those at present, as it is still under treatment. I only wished to show that *Syzygium Jambolanum* has an undoubted power on the glycogenic function, and to recommend it to others for trial in obstinate cases of diabetes. The fruit is brownish-black in color, of a French-bean shape, but rounder, about half an inch in length and one-sixth of an inch in breadth. It is extremely hard, almost as hard as *Nux Vomica*, but can be pounded in a mortar to a fine yellow-colored powder, in which state it may be used either for making tincture or trituration. As I have a considerable quantity of it, I shall be happy to give an ounce or two to any practitioner or chemist who may wish to have it. I did not observe that it caused any disagreeable or pathogenetic effects on my patient when given in the doses I have indicated.—*Hom. World*.

PERISCOPE.

COCA IN FATIGUE.—The occurrence of a seven days' walking match in Louisville furnished the opportunity for Dr. E. R. Palmer (*Amer. Practitioner*, Feb., 1885) for testing the advantages of coca in prolonged muscular effort. Dr. Palmer's experiments commenced on the sixth day of the race, when two contestants had already dropped out, and a third was on the point of withdrawing from the contest, as she was already about breaking down, her gait unsteady, walking with great pain and weariness, and her eyes sunken in her head and encircled by large dark rings. She had accomplished a little over 247 miles, leaving to be covered in 36 hours a little over 102 miles to save her being distanced, she being at that time 68 miles behind the next competitor in the race. She was prevailed upon to continue in the contest, and Dr. Palmer obtained control of her from her trainer, after the assurance that he believed he might restore her vigor, and possibly enable her to win her race, through the administration of coca. Accordingly, he administered to her a large wine-glassful of the wine of coca, and in twenty minutes afterwards a second dose. Dr. Palmer states that within thirty minutes after the first dose, her step was quick and elastic; she moved easily around the track, declaring that she felt like a new woman; of all the walkers she was now the fastest, and her time the best that was being made, her gait being nearly five miles an hour and well sustained. During all the remaining time she took the coca freely, it not appearing to disagree with her stomach at all, and its bracing power upon her muscular system being most manifest. In the last portion of the race she was accidentally pushed from the track by the contestants in a running race which was going on at the same time. She fell nearly six feet to the ground, and was carried to the dressing-room unconscious, but with no seeming injuries. She rallied shortly afterwards, drank some coca, and although complaining of pain in the epigastric region, she insisted upon again taking the track, but was compelled soon to leave. She soon, however, returned, and, aided by the free use of the coca, kept steadily at her work, and finished the 350th mile, the distance necessary to

avoid being ruled out of the race, with fourteen minutes to spare—having accomplished, therefore, over 102 miles in the last thirty-six hours, and that, too, after she was apparently completely broken down. From the time she began with the coca she took no other stimulant except a sip, at long intervals, of sherry and milk, and ate scarcely anything, owing chiefly to the poor quality of the food furnished. She continued to use the coca the day after the race; and on the third day, the coca having been withdrawn, there was a slight increase in the pulse, with some irregularity, which, however, shortly disappeared. This experiment seems strikingly conclusive of the efficacy of the coca wine in physical fatigue in sustaining the bodily energies.—*Ther. Gazette.*

THE PARASITIC ORIGIN OF CANCER.—The resemblance in many respects between cancer and tuberculosis has led of late to a renewed interest in the old question as to the infectiousness of cancer. Dr. A. Ledoux-Lebard, in the April number of the *Archives Générales de Médecine*, makes an elaborate plea in favor of the view that cancer is a parasitic disease. Under the head of clinical and etiological considerations, he shows the analogies between cancer and known chronic infectious diseases, like tuberculosis. Under the head of pathological anatomy, he argues that cancer is a specific inflammation; while, under the head of experimental pathology, he cites the numerous experiments that have been made to determine the inoculability of cancer. The author admits that none of these are demonstrative, while most of them are absolute failures. The best cases are those of Goujon, who successfully inoculated cancerous nodules, in a guinea-pig, using a fragment of an epithelial cancer from an animal of the same species. Klenke also is said to have successfully inoculated a horse with melanotic cancer. Dr. Lebard further cites facts which, as he thinks, prove that cancer is auto-inoculable. The natural history of actinomycosis is given as illustrating an infective parasitic disease, allied clinically to cancer, which is undoubtedly not inoculable.

Lebard has himself attempted inocula-

tions of cancer without success. He has also tried by various staining methods, to discover a characteristic micro-organism. In this, too, he failed, and at present the view that cancer is a parasitic disease continues to rest only upon analogical reasoning.—*N. Y. Med. Record.*

A NEW METHOD OF TREATING ACUTE INTESTINAL OBSTRUCTION.—There has recently been advocated and successfully practiced a method of affording relief in cases of intestinal obstruction which may become widely applied. Dr. Kussmaul was the first to advance the view that free washing out of the stomach might prove efficacious, and already cases of marked success following the measure have been published. In one case, after eight days complete obstruction, and in the other, after nine days, the symptom of fecal vomiting being present in each, the washing out of the stomach, and consequent evacuation of large quantities of fluid fecal matter from the upper part of the small intestine, resulted in complete relief from the symptoms. The measure may be compared to the effect produced by laparotomy above the site of an obstruction; and the good result is explained on the ground that evacuation of the distended bowel affords an opportunity for a spontaneous reduction of a herniated or twisted loop. The relief from the inordinate abdominal distension is very great, and, moreover, the evacuation favors palpation for the purpose of diagnosis. Obviously not every case of acute intestinal obstruction could possibly be relieved by this method, but the simplicity of the practice, the certainty of affording temporary relief, and the possibility of a cure, are reasons for its sedulous adoption prior to proceeding to more serious measures.—*Lancet.*

THE COCAINE CRAZE.—Not to have prescribed cocaine indicates ignorance of modern therapeutical advances. The following amusing incident is, we have reason to know, true: A distinguished physician in the world (we don't wish to give even a hint as to the country) heard of cocaine and read about cocaine, but had not yet ordered it. He saw from published reports that, applied locally, it eased pain. A patient had some painful affection, so to show his acquaintance with the most recent drug he prescribed

cocaine in a certain per cent. solution. This was to be applied on lint or cotton wool to the part. The prescription was taken to the chemist. The chemist looked at it. Lo! before his eyes was a prescription, to make up which would cost £6. 10s., (\$32.50)! What was he to do? Like a sensible man he saw the physician and told him that cocaine was a very dear drug. The physician expressed his surprise; morphia or something else was substituted. The moral is simple: even physicians would do well to look at the drug list and examine prices, especially when a new anæsthetic is in the case.—*Midland Med. Mis.*

CURE OF RHEUMATISM.—*El Siglo Médico* relates the following singular cure from La Paz, Bolivia. A woman had suffered so much from rheumatism that for six months she had hardly slept. Her right arm was so affected that it was quite useless; she could not work with it or dress herself. While in this state she heard of a countryman who had suffered in the same way, and who had been cured by the accidental sting of a bee. As the pain caused by the sting could not be worse than that due to the rheumatism, she determined to try the same remedy. Three bees were obtained and made to sting her on the right arm. The success of the treatment was surprising and complete. On the following night she was able to sleep, and the acute pain had all but completely disappeared. The arm was naturally a good deal swollen, owing to the sting, but the swelling quickly disappeared with cold water dressing. The use of the arm gradually returned, and since there has been no symptom of rheumatism. It is said that the same remedy has been equally successful in several other persons.—*London Med. Record.*

**AN APPARATUS FOR REMOVING DIPHTE-
RITIC MEMBRANE.**—The great difficulty and often fatal effects which follow the attempts at removal of diphtheritic membrane from the trachea after cases of tracheotomy in diphtheria have led Mr. Busch to devise an instrument for the removal of membrane. It is simply an ordinary œsophageal horse-hair probang in miniature, and its action is exactly the same, the shaft being about the size

of a No. 3 English catheter. Mr. B. states that he has employed this instrument several times in the last few years with the greatest satisfaction.—*British Med. Jour.*

THE THERAPEUTIC PROPERTIES OF THYME.—Camperdon concludes a long article on this subject with the following deductions:

1. In therapeutical doses (three to fifteen grains) the essence of thyme causes mental excitement or stimulation; hence, it is a valuable diffusible stimulant in depression following anæmia, in conditions of collapse, etc.

2. It is an active diaphoretic and diuretic.

3. From its direct action upon mucous surfaces it is to be recommended in catarrhal affections of the respiratory and genito-urinary tracts.

4. It is a prompt hæmostatic.

5. Thyme possesses powerful antiseptic properties, and is well adapted for use in surgery.

6. It is recommended that the internal administration of the drug be supplemented by its employment in the form of baths, fumigations, and inhalations.—*Midland Med. Mis.*

THE IGNORANCE OF DRUGGISTS.—Few druggists know even the nomenclature of the elements, still less know anything about specific gravity and atomic weights, and those who can write out a formula and calculate percentages, etc., by the atomic weights, are as rare as gold in Georgia. Many say that they "know all that is necessary for our work—know what will mix and what won't;" they also know what is poison and what is not (from the label and the dispensatory); they know what decomposes in the light, because the label says, "keep in a dark place;" they know a little Latin, can read hieroglyphics (reference is made to the manner in which doctors write their prescriptions); but they know little or nothing about what is really the basis and ground-point of their business.—*Druggman.*

TOO MUCH MEDICINE.—S. P. Moore, M. D., Macon, Ga.—No age, I suppose, in this world's history has been exempt from impositions of every form and variety. Every trade, calling and pro-



Louis Pasteur.

profession has been afflicted with superfluities of its peculiar kind. The legal profession has become burdened with laws and Supreme Court decisions so innumerable and multitudinous, that its members can find decisions to suit whatever phase or variety their cases may present.

Even in the sacred calling of the ministry, inventive and ingenious minds have so warped and distorted its legitimate construction as to wring from the blessed volume doctrines to suit every fanciful caprice of man's fitful imagination.

But if ever a profession was afflicted with burdens more numerous and more grievous to be borne than those visited upon the Egyptians, it must be the medical profession. And while it may seem somewhat paradoxical for a profession, boasting of its progress and scientific attainments, to say that it is burdened with the very working tools with which it is endeavoring to shape its high destiny, yet it is certainly true, for all practical purposes, at least, that our profession is burdened with too much medicine. We are overdosed, and are considerably debilitated from "too much *strong* medicine."

A rough estimate of the number of official medicines and appliances noticed in the last edition of the U. S. Dispensatory, numbers them over seventeen thousand. It is safe to say that *hundreds* of others find their way into the journals that are not mentioned in the dispensatory. There are over five thousand patent medicines, many of which are prescribed and recommended by so-called doctors. One is bewildered in contemplating this vast array of medicine. And when we remember the insatiable desire of the human family to be always taking something, and especially the readiness with which they run after "new drugs," we are left to wonder that the poor human stomach so long survives this eternal deluge of drugging and drenching.

Is it any wonder that a doctor never takes any medicine himself, nor gives his family any, when he has this picture before his eyes?

I am a strong advocate for enterprise, for investigation, and for chemical research; and I recognize the obligation of our profession to proper and leg-

itimate chemical labor. But thousands of these so-called "new remedies" owe their existence to sensational introduction by enterprising and energetic manufacturers, from motives of a purely mercenary character, with but little if any regard to their real medicinal virtues, or to the relief which they may bring to suffering humanity. A great many of these remedies find here and there friends and admirers in our ranks, who, in consideration of a neat sample lot, and may be without sufficient trial, give favorable opinions of them. These favorable opinions are seized upon by the proprietors or manufacturers, and by a judicious and elaborate use of printer's ink, are forced into notice, and ultimately find their way into official recognition. I do not deny that an article thus introduced may occasionally have real merit.

The object of this paper is not to antagonize progress. No profession has been more alive to progression and scientific investigation in every direction than ours, and none deserves more credit for attainments already achieved. But in our haste to *progress*, and in our eagerness to be "always on the front line," we are apt to become the character whom St. Paul credits with "having zeal without knowledge."

It is a mistake to measure a doctor by the number of new and unusual medicines which he incorporates into his prescriptions. At least it does not follow that he is the best balanced or safest doctor, who makes the biggest effort to get the "latest" into his practice. A president of the American Medical Association recently said that out of the hundreds of remedies given as improved diuretics, there were few, if any, equal to the old cream tartar, and yet, said he, "the man who would now give cream tartar would be considered rather antiquated." The trouble is, converts to the many "new remedies" are too easily made. The older we get in the practice the less confidence we have in medicines, *per se*, and the more we have in *vis medicatrix naturæ*.

In the early morning of our professional lives, while pondering over our *materia medica* and therapeutics, and finding so many excellent remedies suggested for every ailment, we wonder at the ignorance which we feel must

have kept the older doctors from curing *all* their patients. "But soon we learn 'twas all a dream."

Our youthful ardor falls below zero, and the implicit confidence with which we wrote *all* our prescriptions begins to pale before our sad disappointments, and we wake up to realize that many of the so-called *reliable* remedies have been weighed in the balance and found wanting.

The traditional "long felt want," with the busy practitioner, is a few "true and tried" remedies, with whose virtues he is familiar, and whose effects he can confidently look for when prescribed.

A thousand new things may be introduced as cathartics and laxatives, and they may all be "purely vegetable," and, after all, perhaps none of them be superior, and few equal, to the *old* Epsom salts.

We are too prone to blindly accept what may be written about certain medicines as settled facts, without carefully watching their effects and determining for ourselves whether or not they possess the virtues accredited to them. In one or two instances our patient improves after taking certain remedies, the medicine gets the credit for the improvement, when in fact the patient may have gotten well quicker *without* the medicine. As before remarked, what we want is *less* drugs, *numerically*, and *more reliable* ones *practically*. For instance, if the indication in any given case is for a diuretic, we want *not more* than a half dozen good, thoroughly tested diuretics from which to make our selection. If we want a cardiac sedative we do not care to be burdened with forty or a hundred uncertain remedies which some energetic manufacturer offers as cardiac sedatives, with which to experiment upon our patients. And so on through the whole list of indications.

In hospitals and other places affording ample opportunity for experimentation, it might be well to thoroughly test some of these new remedies for which so much is claimed, and should one be found "worthy and well qualified," set it down as *one of the few* in which confidence may be placed in the treatment of whatever disease it may have proven itself meritorious. But let not that entice us into blindly accepting every new thing coming before us, without

first following the injunction of the Divine lawgiver, to "prove all things." — *Med. and Surg. Journal*.

TO EXPEDITE DELIVERY.—A piece of flannel soaked in equal parts of chloroform and sweet oil, and applied closely to the surface between the umbilicus and the symphysis pubis, is said to expedite delivery by relaxing rigidity of the uterus or its os.— *Weekly Med. Review*.

The *Medical and Surgical Reporter* submits as a guide to the selection of a reliable preparation of a drug, the fact that trustworthy manufacturers are free advertisers in the medical journals. Houses which do not advertise through these channels do not do so for good reasons, and prefer the surreptitious method of private circulars and irresponsible drummers, whose statements made privately cannot be contradicted, to the open, manly, straightforward declarations in the legitimate channels. — *Medical Age*.

SHALL THE PHYSICIAN FRANKLY TELL THE CONSUMPTIVE PATIENT THAT HIS DISEASE IS PHTHISIS?—It is still the opinion of many eminent medical men that we should, as a rule, not do so. As long as phthisis was considered an incurable disease there may have been some reason for such concealment, but now we know and can tell our patients that it is curable. I think they ought to be informed of their condition more or less according to the individuality, and as far as my experience goes, this has a salutary effect. The patient is more ready to co-operate with the physician and to bring the great and long continued sacrifices, for he becomes aware of his own large share of responsibility.

LABOR IN A GIRL AGED ELEVEN YEARS AND NINE MONTHS.—February 2, 1882, Dr. T. H. Stallcup delivered a girl only eleven years and nine months old of a child that was asphyxiated when born, but was revived by the use of tepid baths, blowing in the mouth, etc. The child, a girl, weighed little less than seven pounds. She only lived a few hours. There was a bruise upon the side of the head and face, which it was

claimed was caused by the mother's slipping off a gallery which was frozen over, and striking her side upon the ends of the planks. The young mother recovered. Dr. Stallcup reported the case at the 1884 meeting of the Texas State Medical Society.—*Weekly Med. Review.*

ALARMING CONSTITUTIONAL SYMPTOMS PRODUCED BY THE APPLICATION OF A BELLADONNA PLASTER.—At the March meeting of the Cincinnati Academy of Medicine, Dr. H. Wilfert reported the case of a gentleman who consulted him respecting a pain in his back, for which he ordered the application of a belladonna plaster to the painful parts. Late in the evening he was sent for, and on his arrival found the patient's respiration considerably increased, his pupils dilated, the throat dry, with a sensation of choking. He had great difficulty in swallowing. Water would not allay his thirst. The removal of the plaster was ordered. The surface which it had covered was raw and excoriated, the result of the friction resorted to before applying the plaster. Two hours later the patient was resting comfortably, and the next morning complained only of dimness of vision.—*Cincinnati Lan. and Clin.*

TREATMENT OF WRITER'S CRAMP.—In a late number of the *British Medical Journal*, Dr. De Watteville reports the very successful treatment of Writer's Cramp by a system of massage and gymnastics. This system is carried out most successfully by a Mr. Wolff, with whom it originated. Mr. Wolff is well known to the leading physicians of Europe and is highly thought of by Dr. Charcot:

The massage consists of rubbing, kneading, stretching, and beating of the fingers, and the several muscles of the hand and arm, with or without the simultaneous assistance of elastic bands.

The gymnastic exercises are active and passive. The latter consists of flexions and extensions of all the joints of the fingers, hand, and arm. Active exercises include systematic voluntary movements of the parts affected; and if the general condition of the patient requires it, of all the limbs and trunk. As a rule, at least two sittings daily are

required, extending from twenty to forty minutes each on an average; and, in addition to this, the patient may be required to practice the gymnastic exercises at home. Later on, graduated exercises in writing are prescribed. It is impossible to enter into minute details concerning these operations, which must vary with the idiosyncrasies and peculiarities in the case of individual patients.—*Canadian Practitioner.*

EXTERNAL MIGRATION OF THE OVULE.—As is well known, the ovule set free by the rupture of the ovisac passes through the oviduct of the same side to the uterine cavity; thus, when the ovule is furnished by the right ovary it enters through the right oviduct to the uterus. But occasional cases were observed in which, for example, the recent corpus luteum was found in an ovary, the corresponding oviduct being obliterated, and hence the natural conclusion followed that an external migration of the ovule had occurred, by which it had passed over to the opposite oviduct, and through it had entered the uterus.

Experimental proof has recently been given of the truth of the hypothesis just stated. Dr. Buzzi (*Annales de Gynecologie*, January), wishing to study extra-uterine pregnancy, tried to produce this result in ten rabbits upon which he experimented. He removed in some cases the ovary of one side, and tied the abdominal end of the oviduct of the opposite side; in others he removed the ovary, and then tied and divided the uterine end of the oviduct. Of course in the latter case, supposing the left ovary to have been removed and the oviduct tied and divided, the spermatozooids might pass through from the uterus to this opening, and thence in the abdominal cavity to the right ovary. He hoped by the difficulties thus put in the way of the migration of spermatozooids and of ovules to cause an extra-uterine pregnancy. The animals were placed with a male, and after some months one of them had young, and it was then killed. Examinations proved that the ovules impregnated came from the right ovary, though the right oviduct had been tied and divided, as has been stated, just at its entrance into the wall of the uterus. Further, the impregnated ovules had gained the uterine

cavity through the left oviduct. The proof thus given of the external migration of the ovule is conclusive; it cannot be invalidated by the possibility, which has been suggested in regard to the ovule in the human subject where such migration was alleged, that the obliteration of the oviduct occurred after impregnation.—*Medical News*.

TREATMENT OF NASAL POLYPI.—Dr. Richardson, in the *Asclepiad*, recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton-wool, twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate, and then plunged into the substance of the polypus. On removing the cotton it commonly happens that the patient can expel the whole mass of destroyed polypus in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.

ABOUT GRAY HAIR.—The heroine of a popular play is made to exclaim that she never considers a man old until he is fat and bald.

She was quite right in omitting gray hair as a sign of age. Though it is generally esteemed so, there are too many exceptions on both sides to allow it as an infallible sign.

Many persons begin to show gray hairs while they are yet in their twenties, and some while in their teens. This does not by any means argue a premature decay of the constitution. It is a purely local phenomenon, and may co-exist with unusual bodily vigor. The celebrated author and traveller, George Borrow, turned quite gray before he was thirty, but was an extraordinary swimmer and athlete at sixty-five.

Many feeble persons and others who have suffered extremely both mentally

and physically do not blanch a hair until past middle life; while others, without assignable cause, lose their capillary coloring matter rapidly when about forty years of age.

Race has a marked influence. The traveller, Dr. Orbigny, says that in the many years he spent in South America he never saw a bald Indian, and scarcely ever a gray-haired one. The negroes turn more slowly than the whites. Yet we know a negress of pure blood, about thirty-five years old, who is quite gray.

In this country, sex appears to make little difference. Men and women grow gray about the same period of life.

In men the hair and beard rarely change equally. The one is usually darker than the other for several years; but there seems no general rule as to which whitens first.

The spot where grayness begins differs with the individual. The philosopher, Schopenhauer, began to turn gray on the temples, and complacently framed a theory that this is an indication of vigorous mental activity.

The correlation of gray hair, as well as its causes, deserve more attentive study than they have received. Such a change is undoubtedly indicative of some deep-seated physiological process, but what this is we can only ascertain by a much wider series of observations than have yet been submitted to scientific analysis.—*Med. and Surg. Reporter*.

MENYANTHES TRIFOLIATA.—This herb has recently been recommended by Drs. Pollock and E. White in the treatment of functional amenorrhoea. The plant is widely distributed in the northern hemisphere, growing in spongy bogs, and flowering in May. The leaves arise from a creeping wood-stock, and unlike those of most plants of the natural order gentianaceæ, to which it belongs, are alternate. They are trifoliate, and born on a petiole four to six inches long, the leaflets being oblong or obovate, obtuse and smooth, and of a pale green color; the margin is somewhat slightly crenated. The taste is very bitter. The plant contains a glucoside, *menyanthin*, which is freely soluble in warm water and alcohol, but insoluble in ether. When warmed with dilute sulphuric acid it is resolved into menyanthol and glucose, the former body possessing a penetrat-

ing odor. Menyanthin is precipitated by tannin, but not by acetate of lead.

Dr. E. White states (*Lancet*, January 31, p. 235) that he has used menyanthes for the last eighteen months, and has always been satisfied with the results obtained. He first tried it in a case of functional amenorrhoea that would not yield to the usual remedies. As long ago as 1613, menyanthes was mentioned, under the name of trifolium aquaticum by a Swedish writer, Johannes Franckenius, who stated that a decoction of the herb removes all visceral obstructions, acts as an emmenagogue and diuretic, kills intestinal worms, and is a most efficacious remedy in scofula. For a dose, a teaspoonful of the dried herb was boiled in wine or taken in the form of infusion or conserve. Like other bitters, menyanthes acts as an emetic if taken in large doses. Besides its use in amenorrhoea, menyanthes is of considerable value in the treatment of atonic dyspepsia, and those digestive and hepatic derangements which are apt to prevail in damp malarious climates. It is also a popular remedy in chronic cutaneous eruptions, both internally and externally.

The decoction is made from one half oz. of the herb in a pint of water, and the dose is a wineglassful three times a day. In Germany an elixir is made by dissolving two parts of the solid extract of menyanthes and two parts of extract of bitter orange peel in sixteen ounces each of peppermint-water and alcohol (sp. gr. 892), and adding one part of spirit of ether.—*Midland Med. Mis.*

POISON AND THEIR ANTIDOTES.—While the following contains nothing particularly new, the list of poisons and their antidotes will be found unusually complete and will bear frequent reference:

Acids.—Hydrochloric acid, muriatic acid (spirit of salt), nitric acid (aqua fortis), sulphuric acid (oil of vitriol).—**Antidote.**—An antidote should be given at once to neutralize the acid. Strong soap-suds is an efficient remedy, and can always be obtained. It should be followed by copious draughts of warm water or flaxseed tea. Chalk, magnesia, soda or saleratus (with water) or lime water are the best remedies. When sulphuric acid has been taken, water should be given sparingly; because, when water

unites with acid, intense heat is produced.

Oxalic Acid Poisoning.—The Antidote.—Oxalic acid resembles epsom salts in appearance, and may easily be mistaken for it. The antidotes are magnesia, or chalk mixed with water.

Prussic Acid.—Oil of bitter almonds, laurel water, cyanide of potassium (used in electrotyping).—**Antidote.**—Cold douche to the spine. Chlorine water or water of ammonia largely diluted, should be given and the vapor arising from them may be inhaled.

Alkalies and their Salts.—Ammonia (hartshorn) liquor, or water of ammonia, potassa (caustic potash), strong ley, carbonate of potassa (pearl-ash), nitrate of potassa (saltpetre).—**Antidote.**—Give the vegetable acids, diluted, as weak vinegar, acetic, citric, or tartaric acid dissolved in warm water. Caster oil, linseed oil, and sweet oil may also be used; they form soaps when mixed with the free alkalies, which they thus render harmless. The poisonous effects of saltpetre must be counteracted by taking mucilaginous drinks freely, so as to produce vomiting.

Irritant Vegetable Poisons.—Croton oil, oil of savine, poke, oil of tansy, etc. **Antidote.**—If vomiting has taken place, it may be rendered easier by copious draughts of warm water. But if symptoms of insensibility have come on without vomiting, it ought to be immediately excited, by ground mustard mixed with warm water, or some other active emetic; and after its operation an active purgative should be given. After evacuating as much as possible of the poison, strong coffee, or vinegar and water may be given with advantage.

Poisonous Fish.—Conger eel, mussels, crabs, etc. **Antidote.**—Evacuate as soon as possible the contents of the stomach and bowels by emetics (ground mustard mixed with warm water or powdered alum) and castor oil; drinking freely at the same time of vinegar and water. Ether, with a few drops of laudanum, mixed with sugar and water, may afterward be taken freely.

Poisonous Serpents.—**Antidote.**—A ligature or handkerchief should be applied moderately tight above the bite, and a cupping-glass over the wound. The patient should drink freely of alcoholic stimulants containing a small

quantity of ammonia. The physician may inject ammonia into the veins.

Narcotic Poisons.—Opium (laudanum, paregoric, salts of morphia, Godfrey's cordial, Dalby's carminative soothing syrup, cholera mixtures), aconite, belladonna, hemlock, stamonium, digitalis, tobacco, hyoscyamus, nux vomica, strychnine.—**Antidote.**—Evacuate stomach by the most active emetics, as mustard, alum, or sulphate of zinc. The patient should be kept in motion and cold water dashed on the head and shoulders. Strong coffee must be given. The physician will use the stomach pump and electricity. In poisoning by nux vomica, strychnine, etc., chloroform or ether should be inhaled to quiet the spasms.

Arsenic.—White arsenic, Fowlers solution, fly powder, cobalt, Paris green, etc.—**Antidote.** Produce vomiting at once, with a tablespoonful or two of powdered mustard in a glass of warm water, or with ipecac. The antidote is hydrated peroxide of iron. If Fowler's solution has been taken, lime water must be given.

Copper.—Acetate of copper (verdigris), sulphate of copper (blue vitriol), food cooked in dirty copper vessels, or pickles made green by copper.—**Antidote.**—Milk or white of eggs, with mucilaginous drinks, flaxseed tea, etc., should be given freely.

Alcohol.—Brandy, wine, all of the spirituous liquors. **Antidote.**—Give, as an emetic, ground mustard, or tartar emetic. If the patient cannot swallow, introduce a stomach pump; pour cold water on the head.—*Druggist.*

THE ROSE-COLORED ERUPTION NOT CHARACTERISTIC OF TYPHOID FEVER.—Dr. Juhel Renoy relates in the *Archives Generales de Medicine* for October, 1884, two cases in which the typical rose-colored eruption was present, but in which there was no typhoid fever. In one case there was diarrhoea and fever, but the temperature curve was not that of typhoid, and at the autopsy no typhoid lesions were discoverable. The author concludes, therefore, that the presence of the rose-colored lenticular spots is not necessarily a sign of typhoid fever, since the eruption may occur in other febrile conditions. He suggests that possibly the eruption is due to some

derangement of the cutaneous secretion.—*Med. Record.*

GENERAL GRANT'S CONDITION.—There having appeared in the medical journals and the daily papers so many statements in reference to the case of General Grant, the condition of his teeth, the cause of their removal, etc., etc., I am induced to give to the profession and the public, through these columns, the facts, as far as they have come under my observation and treatment. On the 8th of November, 1884, General Grant consulted me by advice of his physician, Dr. Fordyce Barker, in reference to the advisability of having the right upper first molar extracted, stating that he had for a week or ten days been suffering from great pain on that side of his head and face, and that his physician had advised the removal of this tooth, as it was, in his opinion, the cause of the trouble. Upon examination I found the tooth dead, with an abscess at the apex of the anterior buccal root. It was considerably projected from its original position, and the neck and perhaps one-half the length of the roots were covered with tartar. I at once coincided with Dr. Barker, that this was probably the cause, in a measure at least, of the neuralgia, and advised its immediate removal, and this was accordingly done. The relief from severe localized pain was prompt and highly satisfactory to the General, as well as to myself. I made no further examination of his teeth at that time, as he expressed a desire to make an appointment with me in a few days, for doing what should be found necessary for the health and comfort of his mouth, and for the reason that he wished time to recuperate from the distressing pain and sleeplessness from which he had so long been suffering. On the 14th of the same month I again saw him, and carefully examined his remaining teeth. The first to particularly attract my attention were the second and third right superior molars, posterior to the opening from which I had removed the first molar. Both these teeth were projected from a quarter to three-eighths of an inch, being drawn from their original positions; the necks and at least two-thirds of the length of their roots were thickly coated with a dark brown or black tartar, the sockets in consequence being almost

entirely absorbed, while the teeth were so loose that they might easily have been removed with the ancient "lead forceps." In addition to this the second molar was very badly decayed, the side wall broken down, and the pulp dead. The surrounding gum was greatly irritated, the inflammation extending to the roof of the mouth, and back into the fauces. Finding these teeth in so deplorable a condition, and there being no antagonizing teeth, I advised their immediate removal, believing, as I did then, and do now, that they had more or less agency in at least aggravating the lesion which then (and had for five months) existed in his throat and upon his tongue. He consented, and I at once removed the teeth. I then removed some of the tartar from other teeth in his mouth, and dismissed him. I again saw him on the 17th of the same month, at which time I thoroughly cleansed his teeth and put in some fillings, all that was necessary to do upon the teeth remaining in his mouth. How long these teeth had been in the general condition in which I found them I am unable to say, but probably (and I judge from all the conditions described) it had been many years. If we take into consideration the highly irritable condition of that region of his mouth, the extension of the inflammation into the vault and down that side of his throat, the rough and ragged surfaces of a broken tooth, and the tartar incrustations, against which the side of his tongue was almost constantly rubbing, I believe that I am quite justified in concluding that here may have been a factor, at least, in the localization of the painful disease from which the General is now suffering, instead of attributing it altogether to the habit of smoking, which seems to be the prevailing opinion, at least among the laity.

The motive that prompts me to write this article is a desire that the case may stand as a solemn warning to all those *advancing in years*, against the tolerance of any rough surfaces (such as are here described) in the mouth, by which the tongue or other tissues may be kept in a state of constant irritation, and that an instructive instance may be laid before my brother dentists.—Frank Abbott, M. D., in the *Independent Practitioner*.

REVIEWS OF NEW PUBLICATIONS, &c.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION. Volume XII., 1884-85. Edited by Alexander Wilder, M. D.

This is, by far, the most interesting of the twelve volumes issued by the Association. The papers contributed are above the average; among those worthy of special mention are: "Mental Hygiene," by Prof. Wilder; "Special Medical Legislation," by Dr. John King, and "An Appeal for Higher Culture in Medicine," by Dr. L. T. Beam.

The editor is deserving of considerable credit for the thorough and acceptable manner in which he has performed his allotted task, which we know could not have been an easy one. Schedule C, giving the status of Eclectic medicine, shows the progress of liberal medicine throughout the country, at the same time indicating the States wherein Eclecticism is not making satisfactory advancement. In this last-named category may be included the great State of New York, where Eclecticism has been hybernating for the past few years, but gives promise of an early practical awakening that will again make the Empire State the "moral force" of reform medicine.

The work presents a handsome appearance, is well printed on fine paper, and is embellished with a fine portrait of Dr. Edwin Younkin, inserted as a frontispiece.

INTOXICANTS AND NARCOTICS: Their Relation to the Mental Life. Pamphlet, 36 pp.—By C. A. F. Lindorme, Ph. D., M. D., Fort Reed, Fla.

THE EFFECTS OF THE ABUSE OF ALCOHOL ON THE CIRCULATORY AND RESPIRATORY ORGANS.—By J. W. Dowling, M. D. Reprint from the transactions of the American Institute of Homeopathy, 1884.

NERVOUS DISEASES AND MAGNETIC THERAPEUTICS.—By James Edwin Briggs, M. D., New York. Cloth, 96 pp.

FORTY-SECOND ANNUAL REPORT OF THE MANAGERS OF THE STATE LUNATIC ASYLUM AT UTICA, N. Y., FOR THE YEAR 1884

VITAL STATISTICS IN TENNESSEE.—A Report by J. D. Plunket, M. D.

MISCELLANY.

THE BOY AND THE BONE-SETTER.—Speaking of bone-setters recalls a good story which occurred in the north of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated some time by the local medical man without any good result. His mother had great faith in the neighboring bone-setter, wanted the lad to go to him, which he declined, preferring, as he said, "the reg'lar faculty." Eventually, however, his mother's persuasions prevailed, and he agreed to allow himself to be taken to see Dr. Daniel R—, the bone-setter. A bed for the invalid was extemporized on a cart, and, accompanied by his anxious mother, he was, after a painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely, in order, as the bone-setter said, "to get the bone in." The lad was liberal with his screams while this was going on, but eventually the bone was "got in," and he was told to go home, and in a few days he would be all right and fit for his work. He was lifted upon the cart again, and with his mother seated beside him, set off for home. "Didn't Danny do the thing well?" said the joyous old lady. "Yes, he did, mother," said the lad, "but I was na sic a fool as to give him the sair leg!" The "reg'lar faculty" will, we have no doubt, appreciate the story.—*Whitehall Review*.

CREDIT TO WHOM CREDIT IS DUE.—In our last issue we published an article in our "Periscope" entitled, "How to Cure a Felon." We have since received a letter from Dr. James M. Hole, of Salem, Ohio, in which he claims to be the originator of the method of treatment described in the article. He first sent the article to a number of Eclectic journals; "but," he says, "since I got the grand bounce from the National, no Eclectic journal seems to think my productions are worth anything, so I have been writing for some of the more liberal Allopathic journals. Hence this case reported from the *Record* to your journal."

LEUCORRHEA in young girls, of from ten to sixteen years old, has been traced, by a correspondent of the *Boston Medical and Surgical Journal*, to excessive indulgence in roller skating.

PROFESSOR: "Mention an oxide."

Student: "Leather."

Professor: "Oxide of what?"

Student: "Oxide of beef." Exit Professor.

HE IS SURPRISED.—Dr. V. L. Moore, of Warkesha, Wis., writes us as follows: "Thermometer received. I am surprised you can furnish such an instrument for the amount of subscription. I am well pleased with it."

"I SEE Doctor Blister is dead." "What did he die of?" "He died of bilious fever." "I am surprised to hear that, because he boasted that he could cure any case of bilious fever. I know that he cured me of bilious fever." "How much did he charge you?" "He charged me a fearful bill. I believe it was upwards of \$300." "Well, that explains why he did not cure himself. He was a close man, and at those figures he couldn't afford to cure himself."

THERAPEUTIC SARCOGNOMY.—Physicians, especially those who use electricity, should not fail to procure and study this valuable contribution to medical literature.

OUR ADVERTISERS.—We would call attention to the high character of the houses represented in our advertising department. By corresponding with these firms, our readers may derive information that may benefit them not a little in their practice.

Look out for testicles when women doctors come into power. They are likely to disappear as women's ovaries do under male doctors' sway.—*N. Y. Med. Times*.

The deaths from patent medicines are said, by a writer in the *British Med. Jour.*, to be about one hundred and fifty thousand annually.

The Medical Advocate.

VOL. VII., OLD SERIES, }
VOL. II., NEW SERIES. }

NEW YORK, JUNE, 1885.

No. 6.

The Practical Application of Specialized and Vibratory Motion.

BY

G. H. PATCHEN, M. D.,

BURLINGTON, IOWA.

This article was written at the suggestion of the editor, as a reply to many letters of inquiry from physicians who desired to know something more definite concerning the practical application of motion as a therapeutic agent.

Specialized motion, generally speaking, includes all those various movements and positions of the body and extremities, which comprise the so-called "Swedish Movements."

These movements were first systematized for therapeutic use by Ling, and have already been so fully described and illustrated by various authors, that it

as a therapeutic agent is comparatively new, its value but little known, and its methods of application but imperfectly understood.

Many attempts have been made to devise machines that would either be a substitute for, or supplementary to, some of the manual processes required by the movement cure; but, as far as my knowledge goes, they all, with one exception, fail to give satisfactory results. The exception referred to is the machine invented by Dr. G. H. Taylor of New York City. Not only is it a perfect substitute for many of the more tedious and tiresome manual processes, but it also produces effects quite unattainable by any other means. It is superior to other machines in many respects. It gives only an oscillatory or vibratory motion, which is certainly

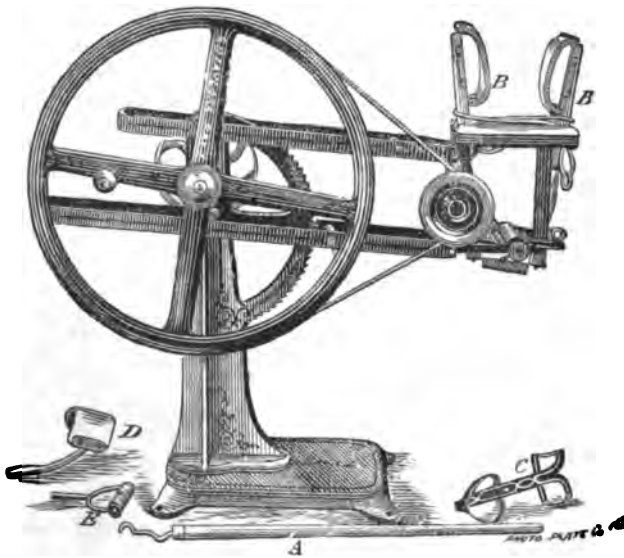


FIGURE 1.

would be a waste of time and space to enter into a description of them here. (See the "Hand-book of the Movement Cure" by M. Roth, and "Health by Exercise" and "The Movement Cure" by Dr. G. H. Taylor.)

In regard to vibratory motion, however, the case is quite different. Its use

more agreeable to the patient, and, as its inventor clearly demonstrates, of greater therapeutic effect, than the jarring and jerking motion produced by many of the machines of other inventors.

In adaptation there is little or nothing more to be desired. It can be so applied as to affect a very limited or

more extensive portion of the body as may be desired, and so adjusted as to reach any and every portion of the body from the sole of the foot to the crown or the head, including even the nose and the ears. Its operation upon any part of the body is absolutely painless, and, in most instances, even pleasurable; hence the smallest child or the weakest and most sensitive invalid can avail themselves of its benefits without experiencing any disagreeable effects.

The machine is called a "Manipulator" by its inventor. The accompanying cuts, with a few words of explanation, will, I think, enable the reader to fully understand its mode of application. Figure 1 gives a side-view, showing the different parts and their relation to each other. Power is supplied by the hand at the crank attached to one of the spokes of the large wheel. B B are rubbing attachments with two opposing, elastic, adherent surfaces, between which an arm or a leg may be included. These attachments have an alternating, up and down action from the semi-rotary motion of the rock-shaft, H, and are made to approach each other and press the included part to almost any degree, at the will of the operator, by means of the lever A applied through the ring shown under B at the head of the machine. These attachments are called the double rubber. D is a single attachment for rubbing. It consists of a forked, or V-shaped pad, formed by an acutely-bent piece of caoutchouc properly affixed to a stem or holder. It may be connected with the rock-shaft, H, at either side of the machine, and can be so arranged as to present the rubbing surface perpendicularly, horizontally, diagonally, or from above or below the part of the body receiving the action. C is the foot-holder. Properly attached it communicates to the foot and leg the semi-rotary of the rock-shaft H; E is the hand-holder, which, inserted at the rock-shaft H, and grasped by the hand, communicates similar motion to the hand and arm. G is a ratchet by means of which the head of the machine can be so raised or lowered as to allow the rubbing attachments to act upon every part of the body.

When elevated to the proper degree, the manipulator, by means of the single rubber, D, is enabled to act upon all of

the upper portions of the trunk; by means of the handholder, E, upon the hands and arms; by means of the double rubber, B B, upon the arms, shoulders and scalp. When lowered to nearly its



FIGURE 2.

extreme limit, by means of the foot-holder, C, it communicates oscillatory motion to the feet and legs; by means of the single rubber, D, it acts upon the feet, ankles and lower legs; or by means



FIGURE 3.

of the double rubber, B B, and with the patient, either in a sitting or lying position, upon the feet and legs. Figure 3 illustrates the action just mentioned. Figure 2 shows the action of the double



FIGURE 4.

rubber upon the arms. Figure 4 illustrates the manner in which the hand-holder, E, is made to act upon the hands

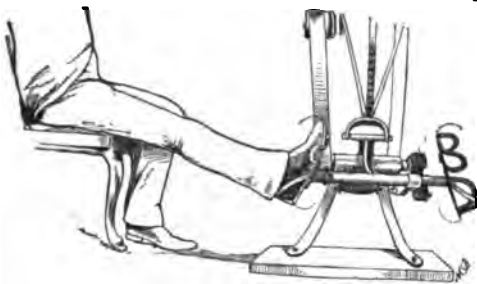


FIGURE 5.

and arms. Figure 5 exhibits the action of the foot-holder, C, when in proper position upon the feet and legs. This cut represents the action of a double manipulator (intended only to be run by power), by means of which two patients can be operated upon at the same time. Figure



FIGURE 6.

6 shows the single rubber in position to be applied to the back or chest, the other

attachments being removed. By changing the position of the head of the machine it can be applied to almost any other portion of the body equally as well.

"The forked, or V-shaped rubber, makes an excellent instrument with which to communicate motion and energy to living parts. Its form and material combine that peculiar delicacy and positiveness so desirable for the service required. The elasticity of the instrument is such that, while it will become flattened against the broader surfaces, as of the chest and trunk, it will also include between its branches, as by a sort of grasp, any portion of the limb to which it is applied. It also instantaneously adjusts itself to all irregularities of form and variations of position of the parts to which it is applied."

It well merits the name of "Universal Energy Transmitter."

Ordinary clothing affords no impediment to the action or effect of the various rubbing processes. In rubbing the feet, the boots or shoes should not be removed.

"Experience demonstrates that no degree of feebleness excludes the beneficial use of these operations. Invalids too weak to stand, or to be in the least degree self-helpful, may be treated with perfect success. It is only necessary to provide additional conveniences for these cases so that the applications can be made in the recumbent position. To this end, couches are provided, each containing a separate portion of the manipulator."

Figure 7, shows one of these couches arranged to supply motion to various portions of the body, with the patient in a horizontal position. It can be operated by the manipulator by means of properly connecting rods, or better still, by power (such as a gas or steam engine) sufficient to run a number of machines. It is called the "vibrator." It has two small wooden discs or heads fastened to two upright rods which act alternately up and down through an opening in the top of the couch. These heads impinge with a rapid, direct stroke upon the portion of the body exposed to its action. The top of the "vibrator," like the top of all couches intended for a similar purpose, is upholstered, and, by means of a ratchet ar-

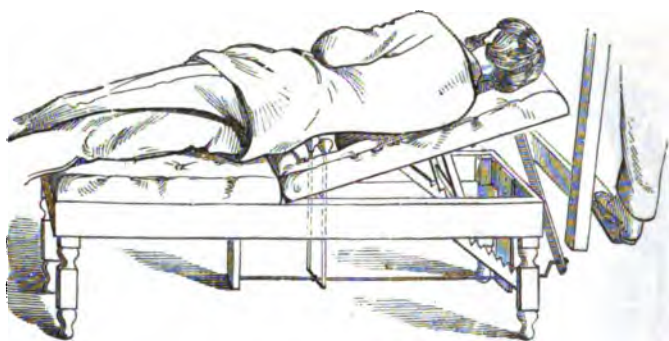


FIGURE 7.

rangement, can be easily placed at such an elevation as will secure the proper force of the impingement.

ments similar to the double rubber (see B B, Fig. one). The rubbing surfaces are made to approach or recede from

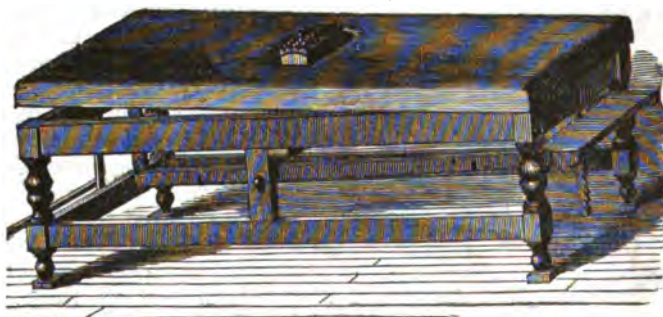


FIGURE 8.

The "Horizontal Rubber," Figure 8, is the name of another very effective instrument for the convenience of very prostrate invalids, as it allows various portions of the body to be subjected to an agreeable rubbing process while the invalid remains in a horizontal position. It consists of a couch similar to that shown in figure five, excepting that the headed rods are replaced by a rubber pad which acts with a rapid to and fro horizontal motion across the part exposed to its action over the opening. The elastic pad firmly adheres to the part resting upon it, which is thereby caused to participate in its motion. The rubbing processes shown in figures two and three can be given by the method just described.

Another agreeable method of applying motion to the feet and legs which is less fatiguing than the operation shown in figure three, consists in the use of a couch (see Figure 9), at one end of which are placed rubbing attach-

each other by means of a weighted

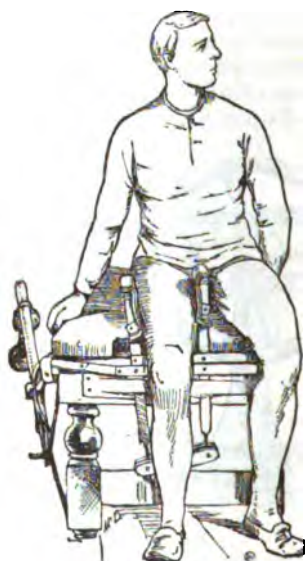


FIGURE 9.

lever within easy reach and control of the patient. The patient is seated with one thigh between the rubbing pads, as close to the body as possible, both feet resting on the floor and with a moveable support to the back. While the action is proceeding, the leg can be gradually withdrawn as each portion receives a sufficient amount until the whole leg, including the foot, becomes glowing with the effect. The other leg, by simply changing the position of the body, can then be treated in the same way.

"The effect of all these processes that have been described, is not confined to the skin, as is the case when a similar application is made by the hands of assistants. On the contrary, the motion penetrates interiorly, and the distinct and minutest anatomical elements are caused to glide with pressure upon each

description are accompanied by deficient motion of the organs inclosed by the abdominal walls. This motion is essential because it is the foundation and source of the vegetative life of the individual. The art of medicine is often called upon to remove the varied and far-reaching consequences of this deficiency. The most certain as well as most speedy and satisfactory way of restoring this deficiency is by supplying the needed motion direct."

Kneading processes are given in three different forms, each form producing somewhat different effects. The direct or impinging kneader is a couch similar in all respects to the "vibrator," figure five, except that the arrangement of the action is such that a very slow motion (about 50 alternate strokes per minute) is communicated to the imping-

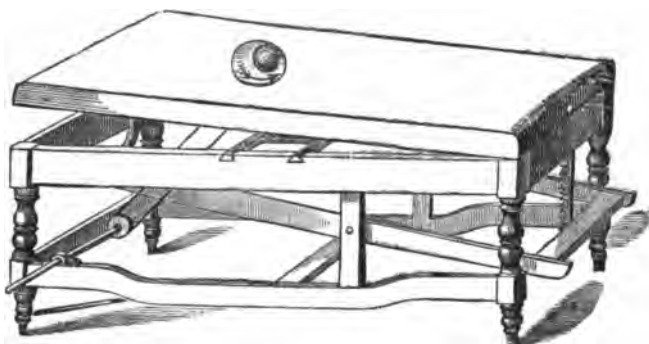


FIGURE 10.

other, causing the energy thus employed to become resolved into other forms and effects quite unattainable in any operation by the hands."

The rate of motion usually transmitted consists of about 1000 vibrations, or changes of direction in the moving pads, per minute. Some cases, especially in the beginning of treatment, require a slower motion, but those accustomed to the action often desire an even more rapid rate.

There are certain slow motions that are almost indispensable for the relief of many forms of abdominal and pelvic derangements, but which are almost incapable of being executed by hand, and therefore require some apparatus. Chief among these important movements are various forms of abdominal kneading.

"Chronic diseases of almost every

ing heads. The action of the heads is upwards and forwards and is immediately succeeded by the downward return of the raised parts, by the action of gravitation. "Among the thoroughly proved effects of this process are the following: It removes constipation, it increases the muscular power of the abdominal walls and the digestive tube, and thus prevents a return of the constipation. It causes absorption of digested matters, and thus promotes nutrition. It promotes the digestive secretions. It induces sleep."

Another form of kneader, called the "Rotary Kneader" is represented in Figure 10. In this apparatus a single, large, wooden ball is made to slowly revolve within the opening at the top. By the ratchet arrangement of the lid the ball is allowed to press upon the overlying parts to any extent agreeable

to the patient. The ball moves in the direction of the ascending, transverse and descending colon, and assists very materially in urging forward its contents. It is equally as beneficial in removing constipation as the direct kneader, and by many invalids is considered more agreeable. Their successive or alternate use is sometimes advisable.

There is a third form of kneader, called the "Revolving Kneader", which produces effects of great importance in addition to those already described. Instead of the impinging heads or revolving ball, two thick rollers attached to the ends of short arms radiating from a slowly revolving shaft, pass alternately through the opening in the couch and impinge upon the presenting part of the abdomen, at each revolution of the shaft. The kneading rollers move forward, that is, towards the upper part of the abdomen, as well as upward. "This operation not only removes from the pelvis the weight of the abdomen, resulting from inertia, but also urges upward to a more elevated position, the contents of the pelvis (womb, ovaries, rectum, etc.) and strengthens the sustaining muscles. The effect is therefore permanent." "It also removes congestion and enlargement of any of the organs of the pelvis. It is efficacious for removing piles and prolapse of the bowels, and aided by other processes, overcomes mal-positions of the womb, as well as those troublesome functional derangements depending upon the causes above mentioned."

Much more should be written to make this article complete, but space forbids. I feel that I have trespassed already. I have only endeavored to give the practitioner a general idea of the way in which this simple but powerful agent, motion, the only truly physiological remedy, can be applied so as to be subservient to his own purposes and desires, and beneficial to many of his weak, suffering, and almost helpless patients.

A RECENT commencement orator gave to the graduates three strands to weave into a rope of prosperity: mastery of their art, the character and bearing of a gentleman, and common sense.

Diuretics.

BY

W. H. BLAKE, M. D.

PHILA., PA.

A certain quantity of fluid is necessary to aid in the solution of food, to maintain the juices of the tissues, the fluid constituent of the blood, and the mucous, salivary, biliary, and pancreatic secretions. It is estimated that water constitutes 677 parts in 1,000 of the entire weight of the body; and whatever excess of fluid is taken with it is eliminated chiefly by the skin and the kidneys, and becomes the vehicle for the removal of a large portion of effete matter from the system.

The elements of the various tissues and solids of the body were originally absorbed while in a state of solution; and as those parts are worn out and destroyed by reason of functional activities, their elements, or the new compounds formed from them, again soluble, are, in solution, eliminated by the various glands. Thus it is that a variety of salts and nitrogenous substances are found in the urine; as are also many salts and acrid principles which are taken as remedies, and which, because of their irritant properties, both augment the renal circulation and excite the local ganglia, and thus cause an unusual secretion of urine, and are therefore termed *diuretics*. Saline medicines, acids, alkalies, and many vegetable substances may thus act, and, under certain circumstances, cause such an effect.

The normal amount of fluid daily eliminated by the kidneys averages, according to various physiologists, from 44 to 52.5 ounces. It varies according to the amount taken into the stomach and absorbed, and the excess or deficiency of other secretions; the amount absorbed will be, within certain limits, inversely as the vaso-motor and tissue energy, for the more rigid the walls of the smaller veins and their capillaries, the less absorption; and the unabsorbed liquid must pass along the intestine; and it is obvious also that there being at one time only a certain definite amount to be secreted, if an unusual amount be voided by the bowels or the skin, then the amount secreted by the kidneys will be less, and *vice versa*.

The secretion of urine is therefore

augmented by those conditions which repress perspiration, as coolness of the surface caused by light clothing or a cold and damp atmosphere; by the erect posture; by emotions; and by drugs which accelerate the circulation. It is diminished by such influences as promote perspiration, by such as cause watery discharges from the bowels; by organic affections which may exclude blood from the kidneys, and thereby arrest their function; and by any cause, local or general, which induces congestion of the kidneys, and therefore suppresses their function, as occurs in nephritis, or in general dropsy from heart disease.

True diuretics are substances which are not merely passively eliminated with the urine by the kidneys, but which, by reason of their irritant principle, cause an acceleration of the circulation, and also an actual increase of the functional energy of the kidneys themselves; for while in the blood they come in contact with all the nerves and nerve-centres, and reflexly provoke, or directly excite, an efflux of energy from all centres which are sensitive to them. Thus they cause an increase of vaso-motor energy manifest in an acceleration of the blood-current so that a greater amount flows through the kidneys in a given time; and also increased renal energy manifest in increased function; for the blood not only flows through the kidneys as through purifiers, but pervades their nutrient system of vessels also.

All true diuretics pass out in the urine; thus the carbonate, nitrate, and chlorate of potash, the iodide of potassium, iodine in the form of hydriodic acid, the mineral and vegetable acids, the principles of chimaphilla, of uva ursi, of buchu, onions, asparagus, digitalis, and belladonna, the oils of turpentine and of juniper, the oil and resin of copaiba, acrid principles of cubebs and of cantharides, have all been found in it. But it does not follow that all substances which are thus eliminated are also diuretics; the salts of iron, silver, lead, and copper are found in the urine, but they are astringent salts which tend to lessen rather than to increase its amount.

Indirect diuretics are agents which, by abating congestion, or other causes unfavorable to diuresis, tend to allow the secretion of urine to occur as in health—

thus veratrum, aconite, tobacco, lobelia, fomentations of digitalis, or anything which abates local congestions may tend to promote diuresis; therefore, when renal congestion exists, diaphoretics or hydragogue cathartics may either of them indirectly promote diuresis.

Headland arranged the diuretics in four groups, viz:

1st. Water and soluble mineral substances—*i. e.*, acids, alkalies, and salines under certain conditions.

2d. Acid matters of various kinds.

3d. Alcoholic and ethereal liquids.

4th. The minerals which increase all secretions.

Diluents promote diuresis when there is normal energy of the vascular system, oftentimes causing the voidance of more urine than their quantity would account for; and they are therefore of essential service when it is desirable to wash out the blood by more completely solving and carrying away the soluble elements which are accumulating in the system; but when the vascular system is enfeebled, as in the case when dropsy exists, because it is by reason of such debility that exosmosis of serum occurs, with consequent accumulation of fluid within the tissues, then the free use of diluents by increasing the amount of fluid in the vessels and thus augmenting the pressure from within outwards, would necessarily in just their proportion defeat the object desired.

The free acids, both vegetable and mineral, excite vascular energy and accelerate the circulation; and with the exception of sulphuric acid, act as diuretics and pass off in the urine. But inasmuch as they differently affect the alkalinity of the blood, they cannot be indiscriminately used as diuretics; in many cases their saline compounds may be preferable to either alone; or, a strictly physiological agent may be yet more appropriate.

When an alkali as well as an eliminative is required, the acetate of potash is often preferable to a free alkali; it is a very useful remedy for skin diseases consequent upon cutaneous elimination of elements which should have been voided in the urine; and, neutralizing any excess of acid in the system, it prevents acidity of the urine or of the perspiration.

When salines are used as diuretics

they must be administered in small doses, else they will act upon the bowels; and the conditions which favor diaphoresis must be avoided, lest they act upon the skin.

The acrid diuretics are the most numerous and the most potent variety, two of them, *apis melifica* and *cantharides*, are insect products; *cantharidine*, the active principle of the latter, meeting with alkali in the intestines, is rendered soluble, and, according to Mialhe, non-irritant; but it is supposed that the alkaline compound is decomposed in the kidneys, the *cantharidine* liberated, and its irritant property is then effective, causing an increased secretion of urine. Some diuretics contain volatile oils, as juniper, turpentine, cajuput, copaiba, horseradish, and onion, and effect both skin and mucous membranes as well as the kidneys. Others, as broom, *chimaphilla*, *colchicum*, squill, *epigea*, *barosma*, asparagus, parsley-root, *hydrangea*, eupurpurin, and *uva ursi*, contain peculiar vegetable principles, and some of them, as *epigea*, *uva ursi*, and *chimaphilla*, contain sufficient tannin to render them decidedly astringent and particularly adapted to special cases.

Alcohol, ether, and nitric ether, through their influence upon the circulation, greatly augment the amount of urine and of perspiration. Wine, ale, and beer also greatly promote diuresis, and, as in the case with the salines, their diuretic effect is much greater when the person is exposed to a cool atmosphere, and less when kept warm; it is therefore more notable in the winter months.

When a powerful diuretic is given in too large a dose, it may cause engorgement or congestion of the kidneys, and so defeat the object for which it was intended; for congestion of a gland is invariably followed by a diminution or a stoppage of its secretion; thus a large dose of turpentine may cause a dangerous strangury, or even a total suppression of urine for a time.

Between the conditions of renal anæmia and renal congestion, in one of which the function of the kidneys is arrested, and in the other suppressed, there is a condition intermediate in which excessive diuresis may occur. This latter condition is attained and passed by, in the progress from that of suppression to

that of health, under the influence of excitant diuretics: it is essentially a condition of local vascular debility consequent upon a lack of energy in the renal blood-vessel, and which is amenable to cure under the influence of such agents as squill, *digitalis*, *belladonna*, and ergot, which, however, to be curative, must be given in small doses, lest instead of acting as gentle excitors of vaso-motor energy, they prove completely exhaustive of remaining power and leave the patient in a worse state than before.

It may be said of the diuretics that—

1st. Acting as direct excitants, they accelerate the circulation and augment the functional energy of the kidneys themselves, they being absorbed and passing unchanged into the urine.

2d. Some of them undergo decomposition in transitu, and certain of their elements have then the effect of direct excitants.

3d. Some of them indirectly cause an increase in the amount of urine, through their combination with the contents of the stomach and intestines.

4th. Other remedies may sometimes promote diuresis by abating renal congestion.

The efficiency of diuretics may be promoted by drinking plentifully of diluents, and by the previous use of antiphlogistics if the patient be not already too much debilitated (in which case the salines are commonly inappropriate); by avoiding all agents which cause diaphoresis or purgation; by remaining in a cool and equal temperature, and by combining them with other remedies of the same class. They are most effective when administered in the day time, as exercise accelerates the circulation, and the greater the amount of blood *passing through* the kidneys, the greater the amount secreted from it.

Their influence is impaired by opium, by diaphoretics, often by cathartics, and by abstinence from diluents.

The objects or purposes for which diuretics are exhibited, are to increase the amount of urine when from any cause it has been diminished; to promote the elimination of acrid or poisonous matter from the system; to abate inflammation; to promote the absorption of dropsical effusions; to augment

the elimination of water, and thereby keep in solution the solid constituents of urine, as well as to also ensure a solvent for calculi contained in the urinary organs; to act as derivatives in diseases of the brain, and as evacuates in fever.

As before stated, diaphoresis and catharsis are commonly opposed to diuresis; but when congestions of the liver and of the kidneys are coincident, cholagogue cathartics, and even hydrogogue cathartics, by relieving those glands of the excess of fluid which suppresses their functions, favor the resumption of those functions, and so promote diuresis. In cases of dropsy from renal congestion, therefore, hydrogogue cathartics may be very appropriate remedies, not only carrying away a portion of the fluids themselves, but thereby promoting also the action of diuretics.

Anasarca, ascites and dropsical affections generally are much improved by copious diuresis. For passive dropsies it is often advantageous to combine tonics with diuretics; and when dropsy is connected with disease of the heart, especially if the urine is scanty and high colored, diuretics are of essential service; in most cases the palpitation, dyspnoea, and cough are relieved in proportion as the urine increases; and for such cases digitalis, squill, and the bitartrate of potassa are very efficient.

Diuretics prove to some extent remedial for valvular disease of the heart; they abate dyspnoea and palpitation, and obviate infiltration without materially reducing the strength, because by drawing off the serous portion of the blood they diminish the quantity without deteriorating its quality, and for the same reason they are often of much service in treatment for hypertrophy of the heart.

Appropriate diuretics are remedial for puerperal fever, measles, scarlet-fever, diphtheria, small-pox, and all septic diseases, because, acting as evacuates and maintaining the renal function, they aid in freeing the system of the poisonous element.

—
THERAPEUTIC SARGOGNOMY. — "This work should be in the hands of every physician who desires increased success in his practice. The secrets it unfolds are simply marvelous; the explanations are so clear that any physician can adopt the methods in his practice at once."

High-toned Quackery.

BY

RICHARD E. KUNZÉ, M. D.,

NEW YORK CITY.

"Man is a dupeable animal. Quacks in medicine, quacks in religion, and quacks in politics know this, and act upon that knowledge. There is scarcely anyone who may not, like a trout, be taken by tickling."—*Southey*.

What constitutes a quack? Anyone who makes loud pretensions to knowledge or skill that he does not possess. And I claim that modern quackery must be charged with the subjoined grave offenses, because its victims meet with an untimely end—to wit:

1. To give *Quinine* for malaria, and prolong its employment.
2. To constantly use *Morphia* for neuralgia, sciatica, and other painful disorders.
3. To slowly dose the system with *Arsenic* for affections of the skin and mucous membranes.

But doctors, like fashionable dudes, must keep within the prescribed limits of the times. Should one of their number think for himself, the chances are that his *confrères* would immediately call for a committee of investigation, with a view of punishing such ill-timed conduct.

QUININIZING.

According to Allopathic and Homoeopathic authority, from too large a dosage or when given in minute quantity to idiosyncratic patients, we obtain from the drugging of quinine, symptoms of blindness, ringing in the ears, and well-marked deafness, giddiness, frontal headache, depression of the heart's action, and checking of the secretion of the gastric juice. Notwithstanding the frequent warnings given us by competent aurists and otologists, the majority of the profession blindly stagger along the well-beaten track of their predecessors.

All physicians who make the treatment of chronic diseases a specialty can bear testimony to the great number of human wrecks presenting themselves from time to time, who can blame some high-toned quack for the sufferings of their bodily ills. This reminds us of the case of a very intelligent lady who, a few days ago, called on me to treat her for dumb-ague which she had contracted at

her country residence more than a year ago. Her "regular" physician having succeeded in stuffing the unfortunate with enough of the drug to produce severe *cinchonism*, she, during the absence of the former, called on his partner in practice with a view of change of treatment. True to his hippocratic oath, the latter was about handing her another "regular" quinine prescription, when the suspecting and apprehensive patient stopped him short in his career by interrogating him thus: "Doctor, you are not going to give me any more quinine?" to which came the reply, "Madam, nothing else will cure you." In vain did she plead with him—was there nothing else he could give in place of quinine? "I know of nothing else," said that self-constituted authority. "Well, doctor," replied my patient, "I shall take no more of that kind of stuff, which makes me feel worse than the symptoms of the disease for which you prescribe it. Good-bye." Exit patient. And ever since, I have succeeded in disabusing the mind of that lady from believing the unwarranted statement made by an ignorant, high-toned quack, and have convinced her that all physicians do not share such a bigoted opinion.

The treatment I generally and successfully pursue in such cases corresponds with that laid down in my paper entitled, "Stimulants—with regard to their Specific Action in Malarial Diseases," see Vol. VII., *Transactions of National Eclectic Medical Association*, and the gist of which amounts to about this:—that vegetable, aromatic, diffusible stimulants are all-sufficient in the cure of such ailments. And if properly carried out, I have yet to learn that such is not the case in nine out of every ten cases treated. And if our younger doctors would only study up the properties of such stimulants in the *American Dispensatory*, it would save them money, and guard them against more mortification, than to follow out the treatment of our bastardized literature or lecture notes of many a self-inflated, collegiate quack.

It is obvious to everyone, that only the saddest kind of experience makes converts for Eclecticism. For similar reasons, it is quite apparent why our school has constantly to fight such pitched battles with the opposing forces of Allopathy and Homœopathy.

MORPHINIZING.

Another much too fashionable a remedy is *Morphine*, and one which in the hands of high-toned quacks serves to hide professional ignorance, and covers up a multitude of sins.

Physiologists have demonstrated, that the following symptoms follow the use of large doses of Morphine, which symptoms will also obtain from smaller ones when constantly employed, and from still smaller doses, when administered to that peculiar, susceptible class of cases that come under the appellation of idiosyncrasia. Therefore we find: Congestion of the cerebral vessels; a paralyzing effect on the respiratory centres from the lessening of bronchial secretion; constipation from diminution of intestinal secretion, and the arrest of peristaltic movements. Also arrest of the salivary and biliary secretions, and, finally, cardiac depression which from prolonged syncope may lead to sudden death.

A physician is suddenly called to attend a case of colic, intussusception of the intestines, impacted calculus in one of the ureters or in the ductus choledochus, or possibly convulsions due to some peculiar irritation. He at once administers a heroic dose of Magendie's Solution, and the patient sinks into an abnormal sleep, from which, if recuperation follows, he awakes to find himself no better than before. The same treatment is repeated until nature removes the exciting cause, the patient gets well and the doctor gets much undeserved credit. Or it may possibly prove to be one of those patients who the doctor will insist was struck with death from the onset, and the grave more surely hides the profound ignorance of the medical attendant. Quackery of this sort is altogether too common.

Again, we find cases of the ever increasing neuralgias, for which a high-toned quack, day after day, and week after week, hypodermically injects Morphine until the patient craves as much after the opiate as a habitual drunkard after alcoholic stimulants. Physicians do, or should know, that in all such conditions Morphine only acts as a palliative. It produces cerebral intoxication, and if indulged in for too great a length of time will make life miserable, secure victims for the opium habit, and cause

human wrecks of untold numbers. Morphine suspends the normal functions of the internal viscera by checking secretion, and often retards nature's effort to relieve.

In tetanic conditions, nothing much is gained by the use of morphine excepting that it suspends, but will not prevent, another paroxysm. How much better would it be to give Gelsemium, Lobelia, or an anæsthetic with a view of relaxing arterial tension and that of muscular fibre. Or else give Cypridium, Scutellaria, Ictodes, Valeriana, and a host of other nervines to remove the existing causes, and quiet the nerve centres by tranquilizing or equalizing the circulation of the offending parts.

ARSENICALIZING.

Quite as dangerous, and more so, than the preceding twins of so much of human misery, is *Arsenicum*, and particularly that deceptive and pleasant-tasting Fowler's Solution, now so much used by the votaries of Allopathy, Homœopathy and, truth compels me to say, even by Eclectics. Quite a quantity of it is annually consumed for the pretended cure of malaria, acne, eczema, constipation, dyspepsia, and other ailments.

Its use as a cosmetic is equally as deplorable as that of a medicine. Altogether too many young ladies are ruining their health with it at the expense of an unnatural complexion. But it is of no use trying to reform such giddy juveniles; nothing but sad experience will ever accomplish that. It would be useless to address any but humanitarians or the younger men of the medical profession, who may not have observed the sad consequences of the reckless use of so dangerous a remedy.

Both Prof. Binz and Dr. Schulz, found that Arsenious Acid is easily transformed into Arsenic Acid, *but only by the living albumen* of animal and vegetable organisms. The conversion of Arsenious Acid into Arsenic Acid (the latter the more poisonous of the two) is accomplished by depriving albumen of two atoms of oxygen, and by this rapid and violent exchange of atoms of oxygen, the tissues are thereby corroded until they are ultimately destroyed!

It is needless to say more than, that a course of arsenic is likely to be followed by a general sinking of the vital

powers, dyspepsia, gastritis, squamous eruptions, jaundice, strangury, paralysis of the heart and intestines, as well as a number of minor disorders.

When *arsenic* is used as a temporary germicide, as in diphtheritic croup, or when employed as an antidote* to prevent decomposition of the blood, the same as in poisoning from venomous snakes, its administration under extenuating circumstances or in the absence of better remedies might then be tolerated.

One need not have practised a score of years to find plenty of victims that can prove all and more of the assertions of the best of our physiologists and humanitarians regarding the baneful effects of arsenicum. One of my patients, residing in Hackensack, N. J., whom I have had under special treatment for chronic eczema a little more than four weeks, tells me an un-heard-of story, bearing direct testimony upon this very topic. His family doctor treated him for one year with nothing else but large doses of Fowler's Solution of Arsenic for this dermoid affection, which has now existed something like eighteen months. He never paid attention to hygienic or dietary measures, but told him to keep right on with that same barbaric treatment, until friends of the patient's persuaded the latter to call in my services. This man, about forty years old, of splendid physique, who previously had been quite regular in all his habits, is now suffering from paralysis of the bowels so that without the assistance of a cathartic, he would not have a peristaltic movement for a week. And throughout the entire time of that quack's persistent treatment, he received no benefit whatever, until a change of physicians was made.

Does not the merest tyro of an Asklepiad understand, that in chronic conditions the use of any one medicine must not be pushed for too great a length of time? At least once in three months, for the reputation of the physician as well as for the welfare of the patient, it is absolutely necessary to change the medicine.

* Dr. J. M. Honigberger states, that arsenic eaters are not injured, when bitten by the venomous cobra of India. It is perhaps for this reason, that arsenic is one of the ingredients of the celebrated Tanjore Pill, which is so much used in Asia to antidote snake poison.

Yet those are the men of a school counting many quacks, who constantly clamor for State Boards of Examiners, in order to give them a chance to persecute Eclectics, and protect themselves against a loss of patronage they are not qualified to hold. And if "in nothing do men more resemble the gods than in helping their suffering fellow men," then surely, those high-toned quacks of "mother school," compare more favorably with satans than human beings.

Why is it, that so many constitutions are helplessly wrecked by these high-toned quacks of the latter part of the nineteenth century? Is it because the prescriber belongs to the same craft and creed, or is he perchance a friend in time of "need?" Be that as it may. But I would recommend to my professional friends, that it is a duty they owe to themselves and the public, to make known their claims to such that wish to avail themselves of their services, by every honorable method of advertising. And if the penny whistle does not reach the quinnized auditory apparatus of suffering mankind, I should not hesitate to use the foghorn in order to make myself heard above the clatter and din of Allopathic and Homœopathic pretension.

Therapeutics.

BY

WILLIAM BELL, M. D.,

SMYRNA, MICH.

"Our chief difficulty in comprehending Nature is her simplicity."

"In its simplest sense, law is but the observed order of facts."

Of all studies, that of therapeutics ought to be the most accurate. With human life at stake, how it saddens the heart to think that chance should rule so largely where law ought to reign.

"Law rules all things," wrote Hippocrates; and yet he was one of the first to leave facts, the only true foundation of the therapeutics, for the fanciful theories of his own imagination. And much as medical science may owe to his accurate observation of the natural history of disease, in therapeutics he fell into the common mistake of regarding disease as a positive entity or substance, instead of a derangement of health. Looking upon disease as something foreign to the hu-

man body, he was very naturally led to treat, not the individual sick person, but the disease based upon his theories.

He used medicines, not according to the distinct relationship existing between their action and the disease, but according to his opinion of their nature. He inveighed with great warmth against all those who corrupted medicine by introducing vague hypotheses, yet he himself lost sight of his own teaching, and based his treatment upon his own opinion of the cause of disease.

Thus it has been for ages; indeed, from Hippocrates down to the present century, we find that theories of treatment have largely turned on theories of the nature of disease or of the supposed actions or effects of medicines. Even now, in our own time, we find the so-called science of medicine to consist, to a considerable extent, in a mere collection of opinions, which vary from year to year, according to the theories of the most prominent men. Hence the uncertainty—because of the treacherous foundation—upon man's thoughts and opinions, not upon facts.

I wish here to call attention to the following statement:

"The laws of nature," says Helmholtz, "are not things which we can evolve by any speculative method. On the contrary, we have to discover them in the facts; we have to test them by repeated observation or experiment. In proportion only as they hold good under a constantly-increasing change of conditions, in a constantly-increasing number of cases, and in the greater delicacy in the means of observation, does our confidence in their trustworthiness arise."

The practice of physicians thirty years ago is at present regarded worse than useless; whereas, had they been governed in their investigations by the method here referred to, all truth in that practice would have remained as the inheritance of science, and available for their successors.

The most pressing question of the times, therefore, for us as physicians to settle, is whether the treatment of disease in our practice is to depend on mere opinion, which varies from year to year with each doctor and perishes with the individual, or on laws which, founded on the immutable truth of facts, can never perish.

The entire question of obtaining a rational or scientific practice, rests, in my opinion, on what may be termed *therapeutic diagnosis*, or diagnosis with reference to the known action of remedies. We want to learn distinctly and clearly, then, what is the action of drugs, and other influences, upon the bodily organs and their functions; for everyone acknowledges that it is only by controlling or directing the natural forces of the body can we reasonably hope to govern or guide its diseased action.

In our works upon "*Materia Medica*" and therapeutics (Winterburn, Scudder, and Goss, perhaps, excepted), principles for the selection of remedies are entirely ignored, or at least treated as matters of secondary importance. Medicines are classified according to a vague idea of their chief action, thus covering up the very things that we want to know. To the student of medicine or to the practitioner, this vagueness of arrangement is utterly useless and barren. What we want to know is by what means are we to be guided in the selection of remedial agencies—in what direction does cure lie; how can we aid the curative forces, and how avoid doing harm.

These are the important questions; and it is precisely because they have not as yet been fully and satisfactorily answered, that we find ourselves drifting about in utter forgetfulness of the reign of law. Yes, the reign of law; for "*law rules all things*," cries the father of medicine. Nothing, indeed, happens in this world of ours without a good and all-sufficient cause. Everything lives and moves under the dominion of law, and every throb of life as well as every throes of death proclaims its immutable force.

What we want to learn in fact is, that disease is just as natural as health, and that what we call nature is just as law-working, just as true to herself, in giving us our diseases as our health.

At present we find ourselves divided substantially into four general classes.

We have, first, a large number who have drifted into the pernicious habit of referring everything to authority. This leads one gradually along from "believing on insufficient evidence," to that state of the mental faculties which may be best expressed, perhaps, by the phrase

"mental inertia." Persisted in, this usually winds up in poverty of thought. The great cry with this class is, Where is your authority? *They do not know anything themselves*, but invariably refer you to Beach, Jones, Morrow, Gunn, Wilder, etc.

Opposed to these, we have a class who are thoroughly sceptical, and require for everything a mathematical demonstration. Many of this sort take up with Hahnemann's speculations about "*psora*," "*infinitesimal dosing*," etc., and finally turn out mere Homœopaths, of the type "*purists*," usually.

Thirdly, we have a large and growing class, who look rather at results than theories, and believe much in the *modus operandi* of what they are unable to explain. While standing before nature asking questions, without any preconceived notions as to what constitutes "*regularity*," they are content to accept the answers given and act accordingly.

Besides these, we have another class, a set of miserable, anomalous creatures (altogether too numerous for the good of the profession), who are found to be either conservative or radical—anything, indeed, that will bring grist to their own mills. You will always find them loud in their praises of Eclecticism; but, like the mule in creation, they are generally unprolific to them. The world, with its vast opportunities, with its tremendous grasp on the human heart—yea, the very life of humanity, resolves itself into a mere matter of dollars and cents. Now, I submit that any physician led by such a spirit, tied to the tail of mere trickery in art, must at no late day be made to feel resting upon all his efforts that blight and mildew which must sooner or later be developed as the sure outcome of a merited self-contempt.

To revert to the second class—those who require for everything a mathematical demonstration—we here find many who are always ready with remarkable cases, very positive and emphatic in all their statements, and detailing with great minuteness the wonderful effects produced by "*high dilutions*." The reader of this kind of medical literature might readily imagine that the millennial age had finally arrived, and that death was at last vanquished.

These were evidently intended by na-

ture as poets, romancers, or something of that sort, for certain it is, they were never intended for the careful and scrutinizing labors of the medical profession. They mislead by their enthusiasm, and so, many times, do positive harm by their emphatic assertions, which too frequently have no other foundation than their own imagination. I am fully persuaded that it is not by such minds that the province of *real science* in medicine is to be increased. Their oftentimes ridiculous and puerile assertions, promulgated with such a great flourish of trumpets in our medical journals and books, destitute, as they not unfrequently are, of a single particle of proof such as would satisfy a legal mind, bring discredit upon our branch of the profession, the members of which are not unfrequently supposed to receive these vaporings of the imagination as law and truth. After all, there is possibly some reason in the ridicule and jeering we so often hear, for it is evident that it is not through such minds that real science wins her triumphs.

But the vitality of our school and the enduring basis of truth which it contains can outlive the injudicious imaginings and puerile contributions and arguments of such, who claim to be its friends and the exponents of its doctrines. It has lived and developed into a giant's strength—not *with* their help, but in *spite* of it. It is because we know, and the world knows, that, notwithstanding the mists which at times gather about us, obscuring the vision and confusing the public mind, *that back of all this misty nothingness, there is a mountain of truth*, for our eyes have seen it, and many of you, my friends, have doubtless trod firmly up its rugged steep.

Cases where drugs have received the credit of a cure, in which the whole work has been performed by Nature, are quite too common in all schools. Time and again, cases have been reported, and especially by those who claim to be the leading lights, as wonderful cures, peculiarly illustrating the benefits of their system, which, upon weighing the evidence, show not the slightest sign or proof of medicinal action. A school of medicine—*of reform medicine*, claiming, as we do, a higher grade of science and a more specific action of drugs—should show a

closer reasoning, and its conclusions should partake less of the imaginative, and follow more as a logical sequence of well-established facts. That our school has done much for science and humanity, no one will doubt. Its past and present records show this. Yet how much more might be accomplished with more united, earnest work.

As one has well remarked, "we want more study; we all need it, and need it badly. As a school we have passed the period of our infancy, and we are now standing in the strength and vigor of early manhood." Our literature should show a corresponding strength. The great scientific questions, which are springing up all about us, should be discussed in our periodicals with a breadth and strength of intellect, and a wealth of information and research, which would command respect.

The time will come when we will be able to dispense with hypothesis, theory, and sectarian slush, *ad nauseam*. Already it is apparent that in medicine, as in other forms of inquiry, the ultimate appeal must be to facts, which true science discovers, arranges, combines, and interprets.

It is a precious work to clear away the denominational contradictions of mock sciences in the past, even when hid under an appearance of learning.

The tendency of the age is to mistrust the various little completed "systems" of medicine which rely upon doctrines and dogmata, and to rely altogether on the accurate facts of experience as searched out by the most perfect methods of investigation, and proven at the bed-side of the sick. Such facts, combined into laws by a true method of interpretation, are rapidly becoming a fruitful source of blessing to humanity in the time of its greatest need.

Our great need in the study of *materia medica* at the present time is to discover accurately the individual action of remedial agents or drugs. It is my firm conviction that the scientific or complete teaching of therapeutics should begin at the root—not necessarily at the *green root*, but at the actual knowledge of the effects of medicinal agents upon the healthy human body, excluding all doubtful matter, and bringing out into clear light the special characteristic of each individual agent.

The physiological action thus becomes a key to the accurate application of therapeutic agents in disease, the exact signs, symptoms, and causes of which having been investigated, the student of medicine learns a therapeutic, concrete, or double diagnosis—that of the disease and of the remedial agent most similar or most contrary thereto. Thus accuracy of therapeutics would go *pari passu* with accuracy of medical knowledge, and “faith in physic” become general.

Uterine Hemorrhage, and the Necessity of a Thorough Vaginal Examination.

BY

J. D. WILLIAMS, M. D.

FIFE LAKE, MICH.

If there is anything really startling to the young medical practitioner, it is to be aroused from a deep sleep and hurried to the bedside of a patient pallid and almost bloodless from uterine hemorrhage. Husband and friends await with breathless anxiety the physician's arrival; the patient, in a tremor from excitement, not infrequently gives utterance to such expressions as, “Doctor, I am flowing to death—I am dying,” etc. The medical attendant who has not presence of mind and the necessary intelligence to know what to do, and do that quickly, will rue the day that he adopted his present calling. It has been my fortune to have charge of a goodly number of such cases. And the experience I have had in the treatment of patients of this character, I deem invaluable. The cause of the uterine hemorrhage that the physician is most commonly called to treat, is undoubtedly the result of criminal abortion. The dread of having children has permeated and poisoned the minds of half of the American women, and the determination which some women have to accomplish their purpose is simply astonishing. Picture the danger of such an act as you will, but few will relinquish their intentions. If there is no doctor in reach who is unprincipled enough and sufficiently demoralized to execute the work, they frequently rely on their own ingenuity. Hair pins, lead pencils, and crochet hooks are common surgical means, while some rely on medicines. The frequency of

criminal abortion in this country is a foul blot on the character of the American people. The respectable physician, usually, is called in such cases at the most critical period; and, in the management of the case, he generally finds uterine hemorrhage the difficulty that demands his immediate attention. Of this phase of the case I wish to express my views. I have nothing new to present in the treatment of uterine hemorrhage, whether from abortion or other causes, yet a review of a few illustrative cases will not be out of place, and may stimulate some uninitiated graduate to be prepared for such emergencies. In my judgment, the first thing for the medical attendant to do when called to attend a case of this character, is to make a thorough examination. If the hemorrhage is great and the uterus relaxed, as is most frequently the case, manipulate the abdomen with one hand while exploring the vagina and cervix with the other. In a vast majority of cases a proper kneading of the abdominal walls will induce contractions of the womb, and temporarily arrest the flow before any medicine could be absorbed by the system. With a definite knowledge of the cause of the trouble, which can be ascertained only by such a procedure, we are enabled to administer the proper remedial agent intelligently. Not infrequently we discover by a proper examination that our first impression as to the cause of the flow is erroneous. In my experience I have met with such instances. In March, 1880, I had a hurried call to see a married lady; the messenger said he feared she would be dead before I arrived. My route was over a terrible road, but I went at a break-neck speed. On reaching the bedside, my patient presented the most cadaveric appearance I had ever met in a living person; almost bloodless, and pulse scarcely perceptible. Being a doctor-hater, she had delayed sending for assistance until death seemed imminent. I made an examination at once; my index finger came in contact with what I, at first, supposed was a fetus, for the patient thought she had aborted; but with care I insinuated my finger into the os, and on the posterior surface I felt a peculiar attachment. I soon discovered that my supposed fetus was a polypus, the size of a large pear, which had been forced into the vagina

by uterine contractions. The pedicle being small, I determined to remove it, so by torsion alone, I succeeded. There was no further hemorrhage, patient made a good recovery, and has ever since sworn by me, as she promised to, if I would save her life in the "eleventh hour."

In July, 1881, I was called to see a lady who had been under treatment for nearly two years for menorrhagia, by quite a prominent allopath, who lived in the southern part of the State where she at that time resided; as no improvement had been effected in her case, she was advised by her physician to make a change of climate; that, in his judgment, nothing else could benefit her. So she came to the northern part of the State, and placed herself in my hands for treatment. The history of her case was about as follows: Two years previous, she was troubled with great irregularity in menstruation. She would be taken with profuse hemorrhage about once in two or three weeks, lasting, usually, six or seven days, exhausting her so she would be unable to be about for several days after the flow ceased. She was very much prostrated when I first saw her.

I told her that it would be necessary for me to make an examination before I could treat her intelligently. As she was having some hemorrhage then, and was very nervous, she concluded to wait a few days. On my next visit I introduced a speculum, and at once discovered a tumor in the os. Introducing my hand, I drew it down somewhat and detected its nature—a pediculated fibroid. I explained to her that its removal would be necessary to insure her recovery. In a few days I ligated the pedicle, which was very large, yet I did not think it was so tough and fibrous as I learned afterward, for it took nearly two weeks for the ligature to cut its way through far enough to permit of its excision. I tightened the ligature daily, and at the end of this time, I seized the tumor with a tenaculum and snipped off the remaining portion below the tightened ligature. The tumor weighed fourteen ozs. The patient convalesced rapidly; some time elapsed, however, before menstruation returned. She also suffered from tympanites; but with the judicious use of restoratives she soon regained her usual health. The removal of the growth was

tedious by this method; the ecraseur would have saved much time, no doubt, yet I was successful, and success was what I wanted.

Case No. 3. In May, 1883, I was called one night to see a lady. She was very weak from loss of blood, but assured me that "everything was away." As she was a very intelligent person, I took her word for it. Prescribed $\mathcal{R}$ Tr. cinnamon and gallic acid, and elevated the foot of the bed. I called again in the morning and learned that she had flowed considerably during the night. I continued the treatment, and in a few days she was up, but the hemorrhage soon returned. I then gave ergot, oil erigeron, hamamelis, all of no avail. The flow would cease for a few hours, and then return as profusely as ever. All this time I was laboring under the impression that the cause of the trouble was due solely to the abortion. I then used a tampon of cloths, wet in weakened vinegar, which I consider a good remedy to arrest the pains, but in this case it did not succeed. I then resorted to the use of ice; ordered it broken in small pieces, which the patient introduced into the vagina; this succeeded best, yet much exertion would induce a slight flow. I then made up my mind to do the most intelligent act I had done in the whole treatment—make a thorough examination. This I did, and was rewarded by finding a small polypus far up in the cervix. I now gave ergot in large doses, and continued the use of the ice occasionally. In 24 hours the polypus was expelled, and there was no further trouble. I was most thoroughly impressed by this case, of the wisdom of making a proper examination in all such cases. This patient came near going into other hands because I had neglected to do what I have always considered of paramount importance in uterine hemorrhage. In regard to the treatment of uterine hemorrhage from abortion, when the fetus has not passed and the flowing is great, I always use the tampon, the first portion of which is wet with weakened vinegar; this quiets the severe pains and arrests the hemorrhage. After the passage of the embryo and membranes, if hemorrhage is persistent and does not subside with use of the ordinary remedies, ice in the vagina has never failed me; and my patients in-

variably tell me that the sensation imparted by the ice is grateful. In passive hemorrhage after abortion, the result of congestion or slight inflammatory action, it is a grand remedy. Possibly there are some that could not endure the ice, and I would not advise its use except when other more convenient remedies have failed. If this article shall find space in your columns, I hope it will have the effect of indicating to some, at least, the wisdom there is in having a clear knowledge of what we are doing. The trained index finger can reveal much. If it comes in contact with protruded membranes, we know they should be carefully removed. If a polypus is discovered, we have learned how to treat it. The *tactus eruditus* is a great auxiliary to success, and its proper use will save us much anxiety and chagrin. "Be sure you are right, then go ahead," is a very good maxim for the practitioner to follow.

The Scientific Unity of Medicine; or, Homoeopathy and Allopathy Reconciled.*

BY

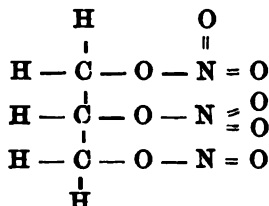
C. A. F. LINDORME, PH. D., M. D.,
SILVER LAKE, FLA.

(Continued from page 187.)

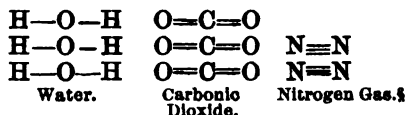
Nobody can tell exactly what is the nature of the atoms of the sixty-five elements to which chemistry has analytically reduced all matter. "I know well that the atoms are invisible and inappreciable to the senses, and I do not believe that the direct proof of their existence and mutual attraction can ever be furnished."† But nevertheless, the character of *atomicity* is investigated, and it has, by conclusive experiment, been placed beyond all doubt that no chemical change is going on without motion. Motion and atomicity to a certain extent are controvertible terms, in as much as atomicity is nothing else than the peculiar character which the different kinds of atoms bear in their moving action. "This fundamental property governs the form of the combinations and marks its degrees and limits. It appears in the law of multiple proportions, manifests

itself in the fact of the saturation, explains the functions of those incomplete groups called radicals, and exhibits the profound meaning of the theory of types."*

Agricultural Chemistry teaches:—"Change implies motion, motion induces motion in the surrounding elements; without this chemically induced motion, there is no fertility."† And Practical Chemistry, I hold, furnishes ample illustration of the theory that all chemical changes are evolutions of dynamical power. The formula of a nitroglycerine molecule is:



When it explodes, what takes place? "The oxygen-atoms at one end of the molecule rush for the atoms of carbon and hydrogen at the other end, and the molecule is broken up."‡ The combination then is this:



Thus its chemical action was motion, and a pretty forcible motion too, of which any skeptic can easily convince himself to his full satisfaction by experiment. There was a "rush" of atoms, as the learned professor emphatically expresses himself.

Whatever be the character of the chemical change that takes place, either a violent or a mild one, it is a law of modern chemistry that no molecular change will take place without an atomic migration, and that every atomic migration is also a molecular change. Consequently, all chemical processes which medicine, by its doses, big or small, can aim at, is dynamical—is movement. This is very nicely illustrated in the groups of the Potassii—

* Ad. Wurtz.

† Dana.

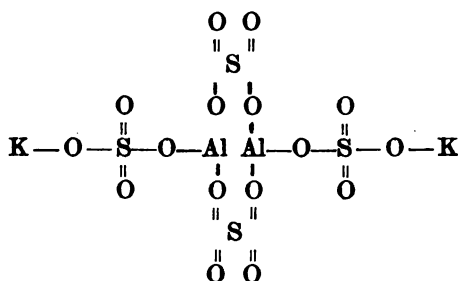
‡ Josiah P. Cooke, Professor in Harvard College.

§ One atom of hydrogen and one of nitrogen having been borrowed from the fragments of a neighboring molecule.—Cooke.

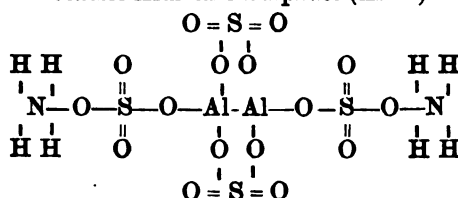
* Copyrighted March, 1885, by the Eclectic Publishing Company.

† Ad. Wurtz, *The Atomic Theory*, p. 247.

Aluminic sulphate (Alum); and Ammonia-Alum molecules:



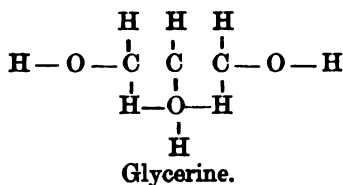
Potassic-Aluminic Sulphate (Alum).



Ammonia-Alum (dried).

For these two groups, the centre Al, O, S, is the same, but the K, of Alum have been substituted by N, in Ammonia-Alum, H, besides having been added, and the whole metamorphosis of Alum into Ammonia-Alum consisted in the migration or interchange of K, against N, H.

Likewise, replacing in the nitro-glycerine formula the NO₂ atoms by H₃ we get:



For those, however, who would doubt whether these diagrams of molecular structure are hypotheses or, if not as to their form, yet as to their essence, copies from nature, more striking evidences are in store.

The discovery of the artificial alizarine which so successfully replaces the more expensive madder alizarine, was made by the chemist, Graebe, whose arguing, when experimenting, was founded altogether on the molecular structure, according to the type theory of chemistry, of those bodies that he drew into account. As a body which was derived from naphthalin, and, like many similar derivatives, was reduced back to it when

heated with zinc-dust, bore a close resemblance in its molecular structure to madder alizarine, the sagacious chemist was led "to heat, also, madder alizarine with zinc-dust, when, to his surprise, he obtained anthracene." Now the conclusion was obvious, that the same process by which the above mentioned body was derived from naphthalin, when applied to anthracene, would yield alizarine. The result fully justified these expectations, and now alizarine is manufactured on a large scale from the anthracene obtained from coal-tar."

Atoms do not only attract in a peculiar way, but they want to be attracted *according to their liking*. The eminent chemist, Ad Wurtz, speaks of atoms being "animated" and "harmonizing," and these are facts which tell in this direction. Although 53,939 volumes of alcohol and 49,836 volumes of water sum up arithmetically 103,775 volumes, they enter, by being combined, vessels which could not keep more than 100,000 volumes of both, either of the two being kept separately. Thus, by being mixed, these substances reduce their bulk in the ratio of 3,775 volumes, a reduction which would be out of the power of a human contrivance; by any mechanical apparatus, it would require a pressure of 800 atmospheres, not counting the increase of resistance proportionate to increased compression, and, consequently, it cannot be brought about except by a voluntary action, as it were, of the alcohol and water themselves, whose ardent desire to combine by atomic motion sets up a molecular change which increases the material density of the fluid to the extent mentioned above. A similarly surprising chemical action is, that palladium takes up 900 times its own bulk of hydrogen, the product being a white metallic solid. And this law holds good in both the macro- and the micro-cosmos.

Ad. Wurtz says: "We have a sound reason for comparing the little world, in which atoms are rotating, to the great world in which the stars revolve." And although he brings back this comparison to the fact only, "in both, all is motion," he can not help admitting the biggest worlds are only reiterations of the molecular structure. The law, simple bodies combine in definite proportions, is without exception, and accordingly, the coercive force which keeps the universe

moving in a regular way, can as little be located at any central point, as the coercive force which keeps up a nationality is located in a ruling body in its capital, but is diffused all through the nation. A world can as little as a state keep up its energy by any power which is not its own. An analogy is man, in being set down as a cell complex, or a differentiated form of individualized protoplasm. The *amoeba* not only constitutes his origin, but cell movement keeps up his life. "The cells devour and march," and rest stamps the blood-cell "with the impress of death." In menstruation, science claims that "the lining membrane of the uterine cavity is generally thrown off cell by cell, the process beginning always just within the internal os, gradually extending to the fundus, and at the same time into the muscular wall,"* and Bouchut acutely puts forward, that motion is not the consequence of the organization of the human body, but that the organization of the human body is the consequence of motion.

All-deciding for the dynamical theory, is the fact that the cell motion need not any more be concluded by general reasoning, but has been *seen, revealed* by the microscope.

In the pathology of inflammation, the theory of Waller-Cohnheim prevails now,† that the pus corpuscles are formed by the colorless blood corpuscles which migrate from out of the blood vessels after the two stages (congestive hyperæmia and exudation of serum) have passed by. The opposite theory of the pus corpuscles being formed only in part by white blood corpuscles, its majority arising from the original tissue cells, being more and more given up, and this mainly because under the microscope the migration of the blood corpuscles has been watched, even the *minutiae* of it having been demonstrated. Cohnheim delineates this locomotion of the blood corpuscles, so successfully subjected to sensual observation, and gives a picture which renders the whole process as palpable as if he described pieces of wood floating in a rivulet, most of them being carried on by the stream, some, however, clinging to the borders, to which

they were pressed, and others, again, slipping into creeks and separating altogether from the rest.

In the arteries, already the white blood corpuscles, owing to their more circular shape, are pushed to the walls, and linger there during the diastole and ensuing pause of the blood pressure. But every systole, and the new blood wave which follows hurries them onward in the general stream. In the capillaries, however, and the veins, they will take advantage of the slackened pace of the blood circulation and linger at their walls, adhering, on account of their sticky outside, the more tenaciously, and here it is where they pierce them, not in any way tearing or cutting them, but sliding through the tissues, the structure of which, by the effect of the inflammation, has become looser, and offers an opportunity to the subtle and elastic bodies, the blood corpuscles, to permeate them, without any further injury to the walls of the vessels. Red blood corpuscles emigrate also, but in small numbers, because the white ones, in lining, as it were, the walls of the capillaries and veins of the inflamed regions, have the priority, and these white blood corpuscles outside of them form the pus corpuscles, which, if they had to arise from the original cells of the broken down tissue, could never be created in such enormous masses as we see matter come forward from inflamed wounds.

There are two questions to be answered, says Cohnheim, with regard to the pathology of the circulation: 1. What is the condition of the circulation in case of the disturbance of the motor apparatus? 2. What is it in case of an altered condition of the blood? But physiology teaches us and histology confirms it, that the condition of the blood, the diseased as well as the healthy, depends on motion, and, consequently, all pathological questions with regard to the circulation are always, and cannot be other than, dynamical questions.

We may pick out the pathological subjects at random, and, without any exception, it will be a dynamic relation which comes under survey. Whether it is a fatty degeneration of the heart or waxy degeneration of the liver, an hypertrophy of mesenteric glands or an

* Emmet, *The Prin. and Pract. of Gynecology*, p. 152, Phila., 1880.

† Wagner, *Gen. Pathology*, p. 260.

obstruction of the portal system, whether a consolidation of lung tissue or an hyperæsthesia of the skin, it is alway a *faulty movement* which causes the disease; a faulty secretion and assimilation, a negatively or positively morbid formation of fluids or solids of the body. A very striking, although by many, perhaps, less suspected instance of motion in pathological conditions is the pain subsequent to inflammation. How are we going to explain it unless by pressure or strain upon the nerve, produced by the tension of the dilated vessels and their exudations? Fear and anger, even Brovais says, * "are the effects of two different kinds of pain, but still they are pains," and pain and pleasure, he holds "doubtless indicate to us the movements that occur in our tissues."†

(To be continued.)

Æsculus Hippocastanum.

BY

L. J. M. Goss, M. D.,

MARIETTA, GA.

NATURAL ORDER.—Sapindaceæ. *Æsculus* (Horse-Chestnut) acts through the cerebro-spinal system of nerves. Its special centre of action is upon the colon, rectum, and anus. In very large doses, like all remedies of intense action, it is capable of producing considerable mischief. Through the lower spinal column it produces portal congestion in large doses, and this reacts upon the colon and rectum, and produces catarrhal inflammation, but of a dry character. If continued long in huge doses, it will finally produce violent inflammation of the anus and rectum. And I see statements from writers that it will eventually produce hemorrhoids in the most grave form, but I have not witnessed this violent action of *Æsculus*.

Æsculus, in very large doses, so affects the filaments of the motor nerves, that emanate from the lowest portion of the spinal cord, and are distributed to the mucous membrane of the colon and rectum, as to paralyze their functions, thereby arresting secretion of the mucous follicles, and, of course, producing constipation of the bowels. We see in

the action of this agent that medicines have a dual action.

THERAPEUTICAL ACTION.—This remedy is applicable to cases of hemorrhoids that do not bleed, but are very painful, and very dry, and attended with a feeling of sticks in the rectum and anus—*dry piles*. Some cases of hemorrhoids are attended with great pain in the anus, so much so that the patient can scarcely sit on a chair or stool, or even lie down. In these cases *Æsculus* is a valuable remedy, given in small doses, say 3 to 5 drops three times a day, or 1 drop every two hours. In cases where the hemorrhoidal tumors are of a purple color, protruding from the rectum, attended with a cutting, sharp, darting pain, or a burning sensation, then *Æsculus* may be relied upon. A cerate may be applied locally, while small doses of the tincture are given internally. It may be of much benefit, also, in prolapsus ani, especially where there is constipation with hard, knotted stools, and pain in the lumbar region. Some writers recommend it in leucorrhœa, with pain in the back, and fatigue in the act of walking. Some writers attribute antiperiodic powers to it. The tincture of the seed and seed-hull, is the best preparation.

ÆSCULUS GLABRA (Buckeye).—The dose of the tincture of the seed is 3 to 5 drops. This variety, a relative of the horse-chestnut, is a more active medicine than the latter. I have used this variety in the treatment of hemorrhoids, with success. The indications for it are: very painful external tumors, of a dark purple color, with vertigo and constipation, or weakness of the lower extremities and the sacrum. When these symptoms are well marked, this is one of the most positive internal remedies we possess. It is also indicated where there is obstinate constipation, with hard, knotty stools. It is a valuable remedy for enlargement of the uterus, with tumid cervix, and with too frequent recurrence of the menses. It is likely to become a valuable remedy in paralysis. It certainly has a very marked influence over the nervous system, and considerable influence over the brain. Like the horse-chestnut, this variety acts prominently upon the portal system, and through this reaches the rectum and anus, where its most

* Doc. cit. p. 22.

† *Physiology appl. to Pathol.* p. 79.

characteristic power is manifested. It is beneficial in coryza, congestion of the liver, prolapsus ani, and in leucorrhœa, when connected with constipation and hemorrhoids.

Viburnum Prunifolium.

BY

JOHN W. FYFE, M. D.,

SAUGATUCK, CONN.

Viburnum prunifolium is one of the most reliable medicinal agents of our indigenous *materia medica*, and perhaps no single drug more clearly illustrates the certainty of Eclectic direct medication; and the disease expression calling for its exhibition is so plain and unmistakable, that one can always depend upon deriving positive benefit from its administration.

Its specific indication is cramp—especially cramp in the feet and legs. It has, of course, other important uses, such as a remedy in threatened abortion, certain forms of dysmenorrhœa, etc.; but at this time I wish more particularly to call attention to its value as a remedy for the very common affliction of cramps in the feet and legs, a condition which is often so severe as to cause some nervous patients to actually dread the approach of night, this being the time at which this form of cramp makes its most vigorous assaults upon its victims.

A short time since, I was consulted by a lady somewhat advanced in life, and who for many years has been a great sufferer from complicated diseases quite obscure in their nature. In closing the recital of her various symptoms of disease, she added: "But, Doctor, I have yet to tell you of something which has annoyed me more than all my other troubles combined. For twenty years I have been nightly afflicted with the most terrible form of cramp in my feet and legs, and, although I have consulted many physicians in reference to it, I have thus far failed to receive any relief."

For this condition I prescribed *Rx*. *Viburnum prunifolium*, tinct. $\frac{1}{2}$, gtt. x, in a little water, three times a day, and in three days she was entirely free from her cramps. Whenever she feels any indications of a return of her old enemy, a few doses of the medicine quickly removes them.

I have used this remedy for several years in a large number of these cases,

and always with the same invariable success.

Therapeutic Value of Sulphur.

BY

FRANCIS A. EVANS, M. D.,

NEWBERN, TENN.

Too many of the profession, in this age of new remedies, have neglected a great many of the old agents, notwithstanding their positive value. Ideas and ideals have divorced. He or she is an old "foggy," in the minds of many, who does not "prove all things," holding fast to *nothing* that is good. But the brevity of this article will not permit of theorizing. Of the old remedies, sulphur deserves noticing. Among the many pestiferous things of glorious springtime, boils come, full of anguish as a broken heart, planting themselves on the sweet charms of beauteous womanhood, as well as "tackling" the prolific portions of astute manhood. Here sulphur is a certain remedy.

Rx. Sulphur, - - - gr. xv.
Bitartrate potas., - - - gr. xv.

M.

Divide into six parts. Give one twice daily, mixed with molasses.

Then there's another disease, called *itch*—or "each," as some have it—and who hasn't had it, pray? One almost grows poetical over the thoughts of it. And while it's a glorious thing to scratch, there is a point where scratching ceases to be a virtue. At this point take the above, and

Rx. Sulphur, - - - $\frac{1}{2}$ lb.
Lard, - - - 2 lbs.
Oil of Bergamot, - - - 1 dr. M.

Apply to affected parts twice daily. In that peculiar affection known as *tires* or milk-sick, sulphur stands as *factora primæ* in treatment. In measles, if uncomplicated, sulphur in moderation is all the medicine needed. In acne, syphilis, impetigo, and urticaria, iodide of sulphur, sulphide of calcium or sulphuret of calcium proves very serviceable. In many skin diseases, sulphur is superior to chloride of chromium, and equal to arsenate of sodium. In oxaluria, a powder of sulphur and phosphate of soda will often prove beneficial. Sulphurous acid (not sulphuric) is serviceable when the tongue looks like old "dirty" copper.

The Medical Advocate,

A Monthly Journal of Medicine, Surgery and the Kindred Sciences.

EDITOR: Joseph A. House, M.D.

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DR. ROBERT A. GUNN,	-	New York.
DR. ALEXANDER WILDER,	-	New York.
DR. RICHARD E. KUNZE,	-	New York.
DR. GEO. W. WINTERBURN,	-	New York.
DR. J. G. L. GAEDKE,	-	New York.
DR. JOA. RODES BUCHANAN,	-	Mass.
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DR. JOHN W. FITE,	-	Conn.

We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

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THE ELECTIC PUBLISHING CO.

EDITORIAL.

The Fifteenth Annual Meeting of the National Eclectic Medical Association of the United States will be held in the city of Altoona, Pennsylvania, at the Opera House, beginning on Wednesday, the seventeenth day of June, 1885, at ten A. M., and will remain in session for three days. The headquarters of the Association will be at the Logan House.

Business of great importance will be brought before the meeting this year, and it behooves every member to be present, if possible, and lend his aid in advancing the interests of the Association, and hence of Eclecticism. We shall especially note what measures are to be adopted to prevent the further enactment of unjust medical laws. With a few unimportant exceptions, Eclectics are opposed to class medical legislation, of which the establishment of State Boards of Health to regulate (?) the practice of medicine, composed almost

entirely of Allopaths, is a shining example. Within the past year, desperate efforts have been made in several States to impose restrictive medical laws upon the people, and, in a few States, where little or no defensive action was taken, such efforts have been successful; wherever proper steps were taken to resist such measures, they have been ignominiously defeated. "Eternal vigilance is the price of liberty!" The old school never sleeps, and its persistent effort to kill off or cripple all rival schools must be met with equal watchfulness and earnestness, if we would preserve our rights.

* * *

The American Medical Association, in an attempt to conciliate a few members of the New York Society who declined to obey the teachings of the "Code" in the matter of consultations, at its last meeting passed the following resolutions:

1. *Resolved*, That clause first of Art. ix., in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

2. *Resolved*, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

3. *Resolved*, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is pressing or immediate need of them. On

the contrary, to meet the emergencies caused by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty freely enjoined on every member of the profession, both by the letter and the spirit of the entire code.

But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

This is the most stupid piece of inconsistency that has been brought to our notice for some time. While permitting an old-school physician to consult with a member of a progressive school, without regard to differences in doctrine or belief, it at the same time expressly forbids such action, and blows hot and cold in the same breath. The priceless jewel, consistency, is evidently very far beyond the reach of the American Medical Association this year.

* * *

Should a doctor's wife prescribe for a patient in the absence of her husband? asks an exchange. Manifestly she should not (unless a student of medicine herself), except in cases of emergency demanding immediate attention. The same rule and exception applies to the doctor's cousin, aunt, or any other relative, as well as to the wife. That the practice does obtain to a considerable extent, especially in country towns, we can readily believe; but we are not able to state whether such practice has resulted in benefit or injury to the majority of patients thus treated. As to fixing the responsibility in case of harm to the patient, the following from an English exchange may prove instructive:

"A somewhat interesting legal action is reported in a recent number of the *Glasgow Herald*, in which a widow lady tried in the Sheriff's Court to recover \$250, in respect of injuries to her health from a medical man, which injuries were

alleged to have been produced by medicines prescribed and applied in the absence of the medical man by his wife. It was sought to show that in this case the wife was the agent of her husband, and that he was responsible. The injuries alleged were salivation and its consequences, due to a quantity of mercury prescribed by the defender's wife. The defender denied that the powder given contained anything unusual either in quantity or quality, and, while admitting that his wife occasionally assisted in the shop in his absence or that of the assistant, denied that his wife had any authority to prescribe. He argued that the pursuer (plaintiff) took the risk of the suitability of the powder. The Judge, in giving judgment in accordance with this view of the case, dismissed the action, and found the pursuer liable in expense. Most of the people will agree with this judgment. It would be absurd to think that any sane person could conclude that a doctor could delegate prescribing powers to his wife."

* * *

Beyond a reasonable doubt, the cholera will make its appearance here this summer. This is indicated by the rapid spread of the disease in Spain, and its reappearance in France. In Valencia the death rate is large, fifty per cent of all cases terminating fatally. The efforts on the part of the Spanish Government to suppress the true nature of the malady, instead of giving it the widest publicity possible, has resulted in its rapid extension from town to town, until at last it has assumed alarming proportions and promises to defy all attempts to check its progress. Dr. Ferran has received permission from the Government to continue his experiments on an unlimited scale, and inoculation with cholera virus as a possible protection against cholera will soon become general.

* * *

In Dr. Wilder's biography (April *Advocate*), it was stated that he at one time assumed the *nom de plume* "Planters." Instead, read Plautus.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Will your readers kindly give some hints regarding the treatment of evident ulceration occurring in the lower bowel? It seems to take place in females, and almost exclusively after parturition. The ulcers will be weeks in forming, the irritation gradually increasing, until a yellowish pus appears in the stools. Then the pain ceases, either abruptly or gradually, and, after a longer or shorter time, begins again. The pain is stated as existing in the vicinity of the extremity of the coccyx, or at the lower part of the sacrum.

MEDICUS.

EDITOR ADVOCATE:—I notice in May number of *ADVOCATE* a cure for felon. Please allow me to give my experience for the benefit of my fellow practitioners. I have never yet seen the following plan of treatment fail: Take sufficient of the dried root of *Phytolacca decandra* to cover the part; put in hot water until softened; then apply to the part and wrap. If necessary repeat. Then give internally, fluid extract *dioscorea villosa*, twenty drops in water, three times a day. Every case I have yet seen succumbed inside of forty-eight hours.

H. VAN HOUTEN, M. D.

NEW CITY, N. Y., June 3, 1885.

EDITOR ADVOCATE:—In the April number of your estimable journal, "Surgeon" makes inquiry as to how to make a flexible splint that becomes softened by steam. If he will write to H. Balwin, Goshen, Ind., he will receive the information he desires.

C. L. DREESF, M. D.

GOSHEN, IND., May 29, 1885.

EDITOR ADVOCATE: In answer to enquiry for best treatment for burns (*APRIL ADVOCATE*), would say I have found mineraline to be the best application in recent burns, scalds, etc., I have ever employed. Mineraline is a refuse

oil, produced in manufacturing kerosine oil. It holds the same relation to that product that oil of rum holds to rum. It is not yet kept in all the shops, as it is little known. My mode of applying it is as follows: Apply it the same as oil is ordinarily used, and cover the parts very loosely with thin cotton batting, or, better still, old linen, or not at all, if not convenient. It soothes at once, and may be applied often until the "fire is out." The sore can then be healed with simple healing salve.

S. SHEPHERD, M. D.

BROOKLYN, May, 1885.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

APPLICATION FOR INFLAMED SURFACES.

Dr. Anderson, of London, gives the following as the most valuable application for inflamed surfaces that he has ever tried:

<i>R.</i> Bismuthi oxidi, - - -	gr. c.
Acidi oleici, - - -	3 iiv.
Ceræ alb., - - -	3 v.
Vaseline, - - -	3 xv.
Ol. rosæ, - - -	mj.

M.

FOR BURNS.

The following is recommended by Dr. Bond as a topical application for burns, and for the lubrication of catheters:

<i>R.</i> Acidi borici, - - -	gr. xv.
Glycerini, - - -	3 j.
Ol. olivæ, - - -	3 j.

M. Sig. Apply.

FOR CATARRH.

<i>R.</i> Pulv. camphoræ, - - -	3 j.
Chloroformi, - - -	3 j.
Acidi boracici, - - -	5 ss.
Adipis (fenzat), - - -	5 j.

M. Sig. Apply in nostrils with little finger.—*Med. World.*

LOCAL ANESTHETICS.

The following formulæ may be found serviceable as local anæsthetics for small operations:



Richard C. Kunze, M.D.

℞. Chloral hydrat.,
 Gum camphoræ, - aa. 3 ij.
 Morphia sulph., - - 3 ss.
 Chloroform, - - - 3 j.

M. This may be painted with a camel's hair brush over the area to be incised, allowed to dry, and repeated as necessary to render the part insensible.

Prof. Redier proposes the following:

℞. Etheris or chloroform, - 3 ij.
 Camphor, - - - 3 j.

M. Apply with a brush.

℞. Acidi acetici (cryst), - part 1.
 Chloroform, - - - parts 20.

Solve. Apply with a brush.—*Medical News.*

BEEF TEA WITH CELERY.

℞. Extract of beef, - oz. 2.
 Beef Peptone, - - oz. 2.
 Hot water, - - - cong. 1.
 Celery salt, - - - sufficient.
 Pepper and salt, - sufficient.

M. —*Drug Circular.*

SWIFT'S SPECIFIC.

℞. Old man's graybeard,
 root (*chionanthus virginica*), - - 1 bushel.
 Prickly ash, root, - 16 ounces.
 White and red sumac,
 root, of each, - 8 ounces.
 Sarsaparilla root, - 10 ounces.
 Sulphate of copper, 8 drachms.

Sig. One wineglassful four times a day. Strictly abstain from horseback riding, butter or very greasy food, all kinds of spirits or fermented liquors. Bruise the graybeard and sumacs roots and put them with the sarsaparilla in an iron pot sufficient to hold eight gallons of water, or cover the roots completely with the water. Cover the pot with pine tops and boil slowly until the liquid assumes the color of ink. Strain while warm, add the sulphate of copper and good Holland gin q. s. to prevent fermentation.—*Med. Times.*

ANTISEPTIC MOUTH-WASH AND DENTIFRICE.

℞. Sodæ boratis - - grs. xv.
 Thymol - - - grs. vij.
 Aq. destil - - - O. j.

M.

This is also excellent for fetid breath.

OUR PORTRAIT GALLERY.

Portraits of the following eminent physicians appeared in the *Advocate* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rodas Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch.

MAY:

- VI. Dr. I. J. M. Goss.
- VII. M. Louis Pasteur.

VIII.

Richard E. Kunze, M. D.

BY

DR. ALEXANDER WILDER.

“—*himself again!*”—COLLEY CIBBER.

Certainly, of all the representative members of the New School of Practice, no one has a more decided individuality, greater positiveness, or, perhaps we ought rather to say, a more staunch earnestness than the man who is the subject of this sketch.

Dr. Richard Ernest Kunze is of German and French parentage, and was born at Altenburg, April 7, 1838. Johann Jacob Kunze, the father of the Doctor, was a descendant of the old Thuringians, and held the position for life of Court Horticulturist to Duke Joseph of Altenburg. His mother's name was Adelaide Collen. Richard was their sixth son, and early gave promise of what he would become. He exhibited a remarkable willfulness in the direction of independence in opinion and action. He began by laying the foundation of his career broad and firm. He went to school at the age of seven, and received private instruction till he had completed his fifteenth year. His classical studies embraced the Latin, French, English, and Greek languages. He was a proficient scholar, and, during the last years, was at the head of his class. Under the instruction of Schlenzig, and stimulated by frequent communication with Professor Apetz, the entomologist, and Karl Brehm, now distinguished as an ornithologist and his scientific explorations in Africa. Young Richard, at that early period, took a lively interest in the Natural Sciences.

His father gave him no encouragement in the way of a university education; and his three older brothers, having already adopted the vocation of horticulture, he resolved to engage in mercantile employment with his brother-in-law, at Erfurt, in Prussia, May, 1853. He liked his new work so long as it possessed the charm of novelty. To one, however, who had grown up among plants, and been accustomed to living much in the open air, the restriction to the space behind the desk and counter became terribly irksome. His father dying in July, at the age of sixty-three, he determined to give up his place. He consented with great reluctance, however, to remain till a year was completed, and glean a sufficient knowledge of bookkeeping for the

common purposes of life. The ensuing spring he returned to Altenburg, to make the necessary arrangements for emigrating to the United States of America. In August, 1854, he bade adieu to the maternal home, and on the third of September took passage for New York, where he arrived on the twenty-second of October. His first experiences were inopportune. Like other unwary individuals coming into the western metropolis, he fell among thieves, under the guise of professed friends, and was swindled out of his money. He was now a stranger in a foreign land, friendless and penniless; the first experience of the kind in his life.

He accepted the lesson, making it the principle of his action from that time onward to "prove all things," and to depend on no professed friend in the time of embarrassing difficulty. For fifteen months he worked at farming in New Jersey and Western New York. This gave him excellent opportunities to become familiar with the habits and manners of Americans, and to learn to speak the English language fluently.

It had been a cherished object to study medicine. Returning to New York in February, 1856, he became the student of Dr. Charles J. Stearns. His preceptor was a native of Charlestown, Mass., and had a country-seat at Plainfield, N. J., where young Kunzé had been for sometime employed by him. It was a busy time for the young man in many ways. As a compensation for the advantages enjoyed, he was required to work steadily in pharmacy, and he had no time to waste or to lose; when not at work he must study. With a restless temper, an inquisitive mind, and dogged resolution to surmount whatever obstacle might impede, it could not be otherwise. How he managed, with his time and energies so fully engaged, to accomplish more, it is not easy to conjecture; but on the 30th of September, 1858, he married Miss Ann McNamee, of Cardiff, Ireland. His new relationship by no means interfered with his other purposes. In October, he was matriculated as a student in the Metropolitan Medical College of the City of New York.

His early studies had served to guide his selection. He had taken practical lessons in botany, both of field and forest, and the knowledge thus obtained had served as a nucleus for further acquisitions in Medical Botany in the office of one of the pioneers of Reformed Medicine. He entered college well disciplined, and kept steadily to the line as marked out. There was no such notion about him as an attendance in form or name, so frequent with medical "students." He attended all the lectures, and omitted nothing that pertained to a full course of study.

He gave no time for holidays, or places of amusements. His spare moments were set apart to study, and his hours of recreation were spent at the clinics of Bellevue Hospital and other public institutions.

In this way he persisted uninterruptedly till the Autumn of 1859, when he succeeded to the business and practice of his preceptor. For eight years he continued the special study of *Materia Medica* and *Therapeutics*. De-

sirous to become conversant with the more recent discoveries of Eclectic pharmacists and practitioners, he attended the Eclectic Medical College of the city of New York, and received its degree in May, 1868.

Dr. Kunzé's professional standing has been deservedly high. He became a member of the Eclectic Medical Society of the city of New York in 1867, and of the State Medical Society a year later. He was chosen a permanent member of the National Eclectic Medical Association in 1871. His contributions to the different volumes of its *Transactions* are acknowledged to be among the most valuable to be found in the several volumes. In 1873 he became Trustee and Treasurer of the Eclectic Medical College, and served each year on its Board of Censors till his resignation in 1877.

At this time he met with an unfortunate accident while engaged in his favorite pursuit. A heavy glass jar was accidentally broken, which fell directly upon his right hand, dividing the median nerve and several tendons and producing traumatic partial paralysis. This misfortune has unfitted him for performing surgical operations. About three and a half years ago, he encountered the loss of the last phalanx of the left thumb. This leaves him the ability to carry on a few specialties only, in the way of remunerative exertion. Yet, all disabled as he is, and having no amanuensis or other assistance, he has managed to write several valuable treatises, and even to engage in preparing the manuscript of a work on *Therapeutic Science*.

Dr. Kunzé organized the Therapeutical Association, a society which did much effective and valuable work. It flourished several years, till the formation of the West-Side Medical Society. Dr. Kunzé was the original signer of the call for the meeting to organize this body, and was further instrumental, at the meeting of the Eclectic Medical Society of the State of New York at Syracuse, October 17, 1878, in perfecting its existence, defeating a deeply-laid plan to frustrate the endeavor. He is a pretty ugly man to fight.

He has been offered a professorship in three different medical colleges, but to the present time his other duties and the sacrifice of time required by his investigations, have not permitted him to accept.

He is a member of the Torrey Botanical Club, an organization meeting monthly in the Herbarium of Columbia College; also a "charter-member" of the College of Archaeology and Æsthetics of the city of New York, incorporated in 1880.

In 1874, Dr. Kunzé published his first monograph: a treatise on *Cactus*, setting forth the classification, therapeutic virtues, proofs, etc. This pamphlet was the first publication of the kind ever printed, and it was eagerly and cordially received by the best physicians of every school of practice. The edition was speedily exhausted. The next year, he followed it up by another work on the same subject: *Cereus grandiflorus* and *Cereus Bonplandii*; giving a description of the two and their therapeutic properties. The next year, 1876, he published two additional

treatises: The first was entitled, *Cereus Triangularis and Phyllocactus Grandis*; and was a graphic description of the two plants and their therapeutic character. The other publication was a monograph entitled *Eucalyptus Globulus, or the Tasmanian Blue Gum Tree*. This was the first work ever published upon the Eucalyptus in its relations to Hygiene and Medical Botany.

It treated upon the value of the tree in the matter of improving the sanitary condition of malarial districts, its fever-destroying properties, and its therapeutic value as a positive remedy in all malarial diseases. Dr. Kunzé had given the subject his closest observation, cultivating the tree and testing its virtues.

The following other Cactean plants were introduced by him originally to the medical profession: *Cereus MacDonaldia*, or Mrs. McDonald's Great Night-flowering Cereus; *Cereus Serpentinus*, or Serpent-like Cereus; *Cereus rostratus*, or Basket Night-flowering Cereus; *Cereus nycticalus*, or Night Beauty.

Monographs upon these were published in the *Transactions of the Eclectic Medical Society of the State of New York*, 1878, 1879. The following essays were also prepared by him, and published in the *Transactions* of the same society: Apocynum Androsæ—unifolium; Apocynum cannabinum; Asparagus officinalis; Phytolacca decandra; Alstonia constricta; Arsenicum album; Iris versicolor; Monarda punctata, Rhus tox. and Rhus venenata.

The following contributions from his pen were published in the *Transactions of the National Eclectic Medical Association*: Cocos nucifera; Asclepiadaceæ, Convallaria majalis. Also, papers upon various medical subjects. He is a frequent contributor to the *Therapeutic Gazette* and other medical periodicals; also for Horticultural, Agricultural, and Poultry journals, and for the *American Naturalist*.

Dr. Kunzé is at the zenith of his mental powers. His temperamental organization is nervo-bilious in character, enabling great endurance and assuring an activity of understanding which is almost incessant. The writer, from his earliest acquaintance, has never flagged in admiration for the inflexible probity of the man, his sincerity and devotedness, his rare and almost preter-human industry, his profound scientific attainments, and his extraordinary enthusiasm. While determined to be independent, free and manly, he bitterly resents every attempt on the part of his medical associates to impose a code or discipline that conflicts with the inherent rights of individuals, or is in derogation of rightful liberty.

Although trained in the Lutheran faith of his ancestors, Dr. Kunzé has never, since he left the paternal home, been connected with any of the churches. He has regarded their rights and symbols as in conflict with his Darwinian conceptions of the moral and social relations of the human race. While thus holding himself aloof, he has persistently and uniformly affirmed his willingness to abide by the Golden Aphorism, "Whatsoever things ye would that men should do to you, do ye even so to them."

IX.

Wooster Beach, M. D.

BY

ALEXANDER WILDER, M. D.

WOOSTER BEACH was the pioneer of the American Reformed Practice of Medicine. Of his early history little appears to be known. He was a native, I think, of the city of New York, and was born in the earlier years of the present century. His early life was spent there, and he was educated at its schools. He had a strong taste and desire for the practice of medicine, but his early observation of the pernicious effects of mercury, led him to a profound distrust and aversion for the drug. Yet he was not altogether consistent in this respect, for we find red precipitate in his recipe for ophthalmic ointment, and muriate of mercury in the yellow wash. Neither of these remedies, however, were in much use generally, so that Dr. Beach, with his limited resources, was no further aside of the straight line than many who profess to be his followers.

Learning that an old German physician, Dr. Jacob Tidd, of Hunterdon County, N. Y., practiced medicine forty years with botanic remedies, partly learned from the Indians, Beach visited him and desired to become his student, but without success. There was great distrust manifested by the older Reformed physicians in regard to strangers. They were unwilling to part with the knowledge of the methods and formulas by which they had achieved their most signal cures. They had with great pains and cost acquired the knowledge, and endured persecution and obloquy for meritorious and conscientious labor. In almost every State of the Union, statutes which it would be blasphemous to denominate *laws* had been enacted against them; and like ancient prophets and apostles, those men of whom the world is not worthy, suffered the spoliation of property, deprivation of rewards for honorable work, persecutions for infamous crimes of which they had never dreamed, and wanton wrongs and insults in every form. It was natural that they should be jealous, and they could not reasonably be blamed for keeping their knowledge to themselves, when the imparting of it would be likely to deprive them of their means of subsistence. Samuel Thomson deemed it proper to procure a patent for his entire method of practice.

Twice Dr. Tidd refused Dr. Beach, but a few years later, as infirmities of age warned him of the end of his labors, he acceded. Beach remained with him until his death, and for a time continued the practice. This was the principal mode in early days of educating physicians in the United States. Dr. Beach never hesitated to add to his knowledge from any source. He sought information from "Indian doctors," "root and herb doctors," nurses, and everybody who could tell him anything. Returning to New York he attended lectures at the medical department of the University. He also visited Europe to observe the hospitals and infirmaries.

About 1825 he began the work of establishing a distinct school of medical practice. He

was not a philosopher in the proper sense of the term, but an empiric as that word justly means. Perhaps few physicians of any school are anything else. He had no dogma or theory on which his course was based, but endeavored to be solely inductive. Hence, he was alike opposed to Samuel Thomson, who laid down the fundamental proposition, "Heat is life, and Cold is death," and to the Old-School notion of exalted and depressed vital forces, and the unvaried treatment by lancet, calomel, antimony, and opium.

"Beach's practice," says the late Dr. H. E. Firth, "differed from that of Thomson in the fact that it introduced the student to a different mode of thought. The effect was not to cultivate the idea of a fixed or routine system, but to release the mind from the dogmas of creeds and systems, the philosophy of medical schools, as these were then taught, and to direct it into an unlimited field of inquiry. It based its teachings upon the fundamental principle of physiological law, and invited the student to clinical observation at the bedside of the sick. Indeed, Dr. Beach secured the permanency of his system, not only from the theoretical and inductive processes of his reasoning, but more especially from the practical results of his clinical teaching."

In 1827 he opened the United States Infirmary, in Eldridge Street, New York, where several thousand patients were treated, with results abundantly confirmatory of the advantages of the American practice. Ten years after, he, together with a few students, opened the New York Medical Academy, for the purpose of giving instruction in medical science and the improved methods. Its name was changed to The Reformed Medical College of New York.

This was really the parent school of Reformed Medicine. Here were taught such men as Thomas V. Morrow, I. G. Jones, L. E. Jones, John King, and other notables of Eclectic medicine. The movement took form also in an association, The Reformed Medical Society of the United States. Up to this time no Thomsonian societies appear to have existed.

The new college was short lived. The transfer of the colleagues of Dr. Beach to Worthington, Ohio, in 1830, to establish the Medical department in the university just founded by Bishop Chase, seems to have diverted the support which would otherwise have been received by the school in New York. There were several hundred graduates.

In 1832 the first visitation of Asiatic cholera occurred in New York. It was the opprobrium of physicians; they knew nothing for it but calomel, and with calomel the patient was very certain to die. I do not know whether bleeding was resorted to, it might be worth an inquiry. The general terror aggravated the mortality. Alderman Palmer, of the Tenth Ward, appointed Dr. Beach to visit and take charge of all poor patients suffering from the epidemic. The certificate of appointment bears date July 17, 1832. About one thousand cases were treated, in all stages, and with a successful result nowhere equaled.

Dr. Beach also engaged extensively in author-

ship. It was his belief that all should possess a general knowledge of anatomy, physiology, and the practice of medicine, both as a matter of interesting information and practical utility. This was his way to banish quackery. "Medicine," he declared, "needs only to be better known in order to secure the general esteem of mankind. Its precepts are such as every wise man would choose to observe, and it forbids nothing but what is incompatible with true happiness." The justice of this assertion is demonstrated by the fact that very few of the valuable discoveries in medicine have been made by, but in spite of, physicians.

Various publications were made in the daily, weekly, and monthly papers, tracts and treatises, and finally by the large work *The American Practice of Medicine*, in three volumes. Copies of this work were presented to the several monarchs of Europe. Professor Hufeland replied with a diploma of corresponding member of the Medical and Surgical Society of Berlin. The King of Prussia transmitted him a golden Prize Medal. Others were received from the King of Wurtemberg, the King of Saxony, the King of Holland, the King of France, the Grand Duke of Tuscany, and his Holiness Gregory XVI. Distinguished European physicians also accepted the diploma of membership of the Reformed Medical Society of the United States.

Several of the letters were autographs from the sovereigns themselves, and the purport of their compliments was most flattering. "It is a model of analysis," said Baron Alibert, of the Medical Faculty of Paris, "and a masterpiece of method and medical experience." "It will not fail," said Baron von Lehr, of Wurtemberg, "to obtain the approbation of all enlightened persons." "This work, interesting and instructive," says Professor Von Walther, Surgeon to the King of Bavaria, "places you in the rank of the most celebrated authors of our science."

Other works were compiled by DR. BEACH: A treatise on Physiology, another on Midwifery, and a medical dictionary, were of the number. They have been superseded by better publications, but their preparation reflects great credit upon the forethought and industry of the compiler. He afterwards prepared *The Family Physician*, a condensation of the *American Practice*. This work seems to have done most to confirm his reputation. Its price placed it in reach of everybody, and numerous editions were sold, making his name a household word, and introducing his modes of treatment far and wide. He revised his large work in 1850, but it seems to have been a pecuniary failure. He accused Dr. B. L. HILL of plagiarizing it for his own work on surgery. I never took pains to ascertain the correctness of this charge.

The first that I ever heard of DR. BEACH was during my own adolescence. He was *outré* in religion as in medicine, and had been more or less affiliated with one Theophilus R. Gates, of Philadelphia. That individual was a lay preacher, and had an itch for writing religious books which were acceptable to a particular class of readers. It was a critical time in the religious world, and every eccentric had

his say. Several new sects were begun. This Gates had made a new advance in regard to the matter of sexual relation, which led Dr. Beach in alarm to hurry to disown him. He printed a sheet for the purpose, entitled *The Ishmaelite*. A copy fell into my hands some years afterward. I was too much of a boy to comprehend very accurately the leading purpose of the paper, but I learned with vivid pleasure that he had published a work on the American Reformed Practice—not "Thomsonian."

In March, 1848, a call was issued at the instance of "a large number of practitioners of the Electric Reform School," for a convention at the hall of the Eclectic Medical Institute in Cincinnati, Ohio, to consider measures for the establishing of a national organization. Very appropriately the name of Wooster Beach headed the list. Then followed such as Morrow, Jones, J. R. Buchanan, B. L. Hill, Orin Davis, and John King. This convention met May 25, 1848, and held an animated session. The next year it reassembled, May 15th, and organized the National Medical Association. Dr. Beach was the president of this body in 1855, succeeding Dr. Walter Burnham.

At the establishment of the Central Medical College at Syracuse, N. Y., in 1849, Dr. Beach was appointed to the questionable honor of Emeritus Professor. He delivered a course of lectures the next spring. The next year the college was transferred to Rochester, and Dr. S. H. Potter declining to follow, established the Syracuse Medical College, and the same honor was again extended. I think that Dr. Beach also held the rank of Emeritus Professor in the Eclectic Medical Institute. His last years were spent in almost absolute penury. After his death whatever neglect he experienced during life was then recompensed by the pageant of a funeral. At the time of his death, the following appeared in the *New York Tribune*:

"On the 28th day of January, 1859, this gentleman (Dr. Beach), one of the oldest, most talented and persevering medical reformer of the age, died in this city. His labors commenced in the year 1822, have undoubtedly been one of the principle means of producing the revolution in the practice of medicine that has taken place since that period. Blood-letting, salivation, and the various heroic measures in vogue at that time, against which his efforts were principally directed, are now almost entirely superseded by the mild treatment so persistently advocated by him. A school for the dissemination of his principles was founded and carried on by him in this city for many years. Dr. Beach was the author of at least one dozen medical works, and was the proprietor of two newspapers, *The Telescope*, a weekly; and *The Evening Journal*, a daily publication. Both were very popular in their day."

Dr. H. E. Firth, in his biography of Dr. Beach says:

"But notwithstanding Dr. Beach's great gift in compiling, classifying, and in suiting his remedies so as to make them of practical utility in the removing of disease; notwithstanding his advanced teaching in the direction

of selecting from all sources the best modes of treating the sick; notwithstanding his capacity as an organizer and as a worker in the cause of medical reform, Dr. Beach was one of the poorest of financiers. He was ever writing and publishing books, periodicals, and papers; but shrewd and designing men were ever on his path to pocket the proceeds of his labor. He collected great museums, but never realized any pecuniary advantages therefrom. He organized societies, colleges, and infirmaries. He labored with untiring zeal to relieve the distressed, the sick, and the poor. He visited various parts of the country as counselling physician, and to the pursuits of his profession he gave untiring diligence; and for all this ceaseless labor he scarcely received money enough to secure him a livelihood.

"He educated a son to the profession, that he might be an ornament to himself and a comfort to his declining years, but that son went over to the enemy. Another son he also educated, and bestowed upon him the wealth of his affection hoping that he might live to follow in his footsteps. He imbued this son with zeal and devotion to that course of medical reform for which he had himself so long labored; but, alas! the young man, just as he had reached early manhood, was drowned at the passage of the Hell Gate channel.

"Dr. Beach never recovered from this last shock. He lived on for some years, but his life was burdened with incessant toil, his brain was overtaxed with hard work, his circumstances embarrassed; domestic cares pressing him down, his heart throbbing with kindness for others, but his purse too poor to enable him to serve them. Thus neglected, forsaken and alone, the great Doctor Beach faded from human sight."

Perhaps such was the truest martyrdom. We look upon it as very sad, and mourn that a man seeking to be good should be villified; that he should suffer penury, reproach and a death of ignominy. Yet such is the history of Saviors. Whether Eclectics or others will ever remember to recall the name of Wooster Beach to honor him is very uncertain and improbable. His books are never read by us now-a-days, and his name is seldom mentioned. I question whether many know that there ever was such a man. So be it. Yet when the history of Eclectic medicine shall be written, or it shall be included in the pages of a faithful and truth-speaking Cyclopaedia, as it has never yet been, then, as Dr. Firth has predicted, "the name of Wooster Beach shall stand out in characters of living light." Peace to his memory. His work still lives, and the discarding of the lancet and mercury from the practice of medicine is, after all, his noblest monument.

A TEMPERANCE DRINK.—"Foamine" a preparation which is a favorite drink among many temperance people has been discovered to contain saponin, a glucoside more poisonous than alcohol. The frothing of this beverage is due to the presence of this poison.

ECLECTIC SELECTIONS.

NOTES ON THERAPEUTICS.—*Oleate of Bismuth* is a new remedy for eczema and puritus. It acts promptly in allaying all irritation and cures the skin eruption. Apply it liberally to the affected part.

Jamaica Dogwood has been used successfully in the treatment of several cases of chorea. It is also used in dysmenorrhœa, in doses of twenty drops of the fluid extract every two hours, with the result of abolishing the pain and promoting the flow. Combined with *viburnum opul.*, it has given good satisfaction in the treatment of chronic metritis and congestion of the ovaries during imperfect recovery from parturition.

Oil of Wintergreen in rheumatism is regarded by Dr. Suley, of Amherst, Mass., as a specific, in doses of 10 minims, in capsules every two hours. The oil is also applied to the inflamed joints at the same time. This treatment is recommended with much confidence.

Inunction of Oil in Fevers is claimed by Colrat to lower temperature and promote nutrition. A restless and irritable child falls asleep at once after being greased. In typhoid fever, the temperature can be lowered several degrees by rubbing the surface, especially over the abdomen and upper parts of the thighs, with cod liver oil with which quinine is mixed.

Cloths wrung out of iced water and applied to the abdomen, is recommended by Prof. De Costa for subduing high temperatures in typhoid fevers. The German physicians claim to subdue high temperature in pneumonia by applying ice-bags over the supra-scapular region.—*Geo. Eclectic Med. Jour.*

A SPECIFIC FOR BURNS.—Dr. Moxley (*Eclectic Med. Jour.*) condemns the application of soda bicarb. to burns, and is inclined to think that the only good that has ever resulted from its use has been obtained by smearing it thickly over the affected part, thereby excluding the air and only acting as a mere covering. He then goes on to say: "But if you will apply Balsam Copaiba freely over the next burn you have to treat, you will have a more correct idea of the meaning of the term specific than by any other means I know of. The squalling child

will quiet down in a few minutes. You will return home paid, and the mother will bless the 'bully doctor.' The same balsam is equally specific to the cure of frozen parts, removing the pain and soreness in a few applications.

CACTUS GRANDIFLORUS IN CYSTIC IRRITATION.—We desire to call the attention of our readers to this particular use of this agent. In some obstinate cases of which we are knowing, it has done remarkably good service. And this, when some of our best accredited remedies have failed. The dose should be small, not more than a dilution of the third decimal.—*Cal. Med. Jour.*

CONFESSION NO PROOF OF GUILT.—The *Lyon Medical*, of April 28, 1872, refers to the case of a girl, aged twenty, supposed to be seven months pregnant. After an attack of hemorrhage, her size seemed to have considerably diminished; and the girl, being closely questioned on the subject, said that, becoming aware of the discharge, she repaired to the closet, where she stayed ten minutes. She added that all had escaped, but that she had not time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no foetus had been found in the closet. Perhaps, it was suggested, she had thrown it into the pigsty. The poor creature at first denied such a thing, but at last confessed that it was so. A search was made, but no child was discovered. She was tried for concealment of birth, on her own confession, and sentenced to six month's imprisonment. The girl had not been taken into custody in consideration of her free confession, and she quietly proceeded to the gaol. When admitted, it was found that she was far advanced in pregnancy, and soon gave birth to a healthy girl. By the French law she could no longer appeal, as more than ten days had elapsed since the verdict; but the judge, having the power of appealing within two months, did so, and the girl was acquitted.

This case shows that confession, which is looked upon as the clearest

proof of guilt, can not always be relied upon. And what shall we say of the surgeon and the midwife? The examination was probably hurried and incomplete, and the conclusion arrived at on seeing the signs of recent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.—*Mass. Eclectic Med. Jour.*

HOMŒOPATHIC SELECTIONS.

HORATIO P. GATCHELL, M. D.—This eminent practitioner of the Homœopathic school died of acute pneumonia, at Asheville, N. C., March 27, aged seventy-one years. He at one time held a professorship in the Eclectic Medical Institute, of Cincinnati, and was held in high esteem by his colleagues, among whom were Professors Buchanan, Hill, Morrow, Newton, Jones, Sherwood, and King. Prof. Gatchell was an *alumnus* of Bowdoin College, Maine, and received his medical education in the Louisville Medical College, under a distinguished faculty, embracing Professors Flint, Gross, Caldwell, and Yandell. *The Medical Era* pays the following tribute to his memory: "In his death we have lost one of the brightest intellects ever engaged in the cultivation of medical science. The loss is the more unfortunate since he left so little which might transmit his intellectual worth to posterity. He was always recognized as a man of broad mind, a thorough master of every theme he touched, a luminous and interesting teacher. The leading characteristic of Prof. Gatchell's mind was his uncompromising and fearless devotion to truth, the facility with which he grasped it, and the firmness with which he held it. As a scholar and philosopher, nature had richly endowed him."

SEVERE BUT TRUE.—*The Hahnemannian Monthly*, commenting upon the latest effort of the American Medical Association to explain a certain clause in its "code," says: "That wonderful interpretation begins by saying that the code 'does not interdict under any circumstances the rendering of professional services whenever there is pressing or immediate need of them.'" And it ends by forbidding Allopaths to ren-

der such services in conjunction or consultation with a Homœopathist. Like the clause of the code which it pretends to interpret, it is self-contradicting, impudent, brutal, childish, and absurd.

A NEW CURE FOR INDIGESTION.—Under this heading the *Boston Medical and Surgical Journal* states that a "gentleman of sedentary life, who has long been indisposed with indigestion and the hypochondriac passion, tried riding, and several other sorts of exercises, but with little effect, was at last prevailed upon, by the advice of an eminent physician, to try being tossed in a blanket. This was accordingly performed every other morning for a fortnight, and has been attended with the greatest success, the gentleman being now much better than he has been for two years past."

It used to be reported, in our youthful days, that old John Jacob Astor, when too feeble to stir around, was regularly subjected to this treatment.—*N. Y. Med. Times.*

A CHEMICAL TEST FOR CANCER.—It is sometimes difficult, even with the microscope in the hands of the most skillful, to diagnose with unerring certainty the existence of cancer, while the microscope in the hands of any one but an expert may cast but little light upon the subject. In more than one instance cases which have been pronounced carcinomatous by what was considered excellent authority have been cured by following a systematic course of treatment for syphilis. Very many cases of undoubted cancer, especially of the breast in their early stage, have been removed by the knife and have never returned, but possibly some out of the many cases of cancer claimed to have been cured by medicine, were not cancer but syphilis or some form of dyscrasia which so closely simulated carcinoma as to have misled the diagnostician.

A Vienna journal publishes an interesting case where a prominent surgeon was called upon to operate in a disease which had been diagnosticated as carcinoma by an eminent physician and refused on the ground that Freund, after subjecting the blood to medical examination, insisted that the case was not one of can-

cer but of syphilis. The case was accordingly treated for syphilis and cured.

Freund's process, the correctness of which has been verified in over seventy cases without a single failure, consists in taking about one drachm of blood, diluting it with water, and after adding a few drops of a solution of chloride of iron and acetate of soda, to precipitate albuminates, the liquid is warmed, and neutralized by a solution of caustic potash filtered. If a small quantity of Fehling's solution is added and subjected to heat, a yellowish precipitate shows the presence of sugar. If this is not obtained, a few drops of muriatic is to be added, the mixture again warmed and neutralized and Fehling's solution added. If glycogen is present this process changes it into sugar, which is seen in the yellow precipitate. Freund refers the reduction of Fehling's solution to the presence of sugar in the blood which could not be found in urine in an appreciable quantity. The blood of sarcomatous patients subjected to the same process shows the presence of peptones which can easily be detected with acetic acid and yellow prussiate of potash but will be free from sugar or glycogen while the blood of carcinomatous patients is positively free from peptones, but will contain sugar or glycogen. In this examination we must ascertain by the usual tests that there is no diabetes in the carcinomatous and no anæmia in the sarcomatous patients.

It would seem that in the microscope and in the chemical blood test of Freund we can reach with almost a positive certainty a correct diagnosis of carcinoma, but thus far no specific has been found for this terrible disease which, though occasionally destroyed, in the large majority of cases marches on to a fatal termination in spite of all our efforts to arrest its progress. Arsenic, which has been used more extensively than any other drug in this connection, has proved simply a tonic and has almost always failed as a curative. Well authenticated cases of cure have followed the use of phenic acid and the red clover, but so seldom that they may be considered as exceptional cases. In this, as in many diseases, we may tell the condition and foretell the end, but fail lamentably in furnishing the remedy.

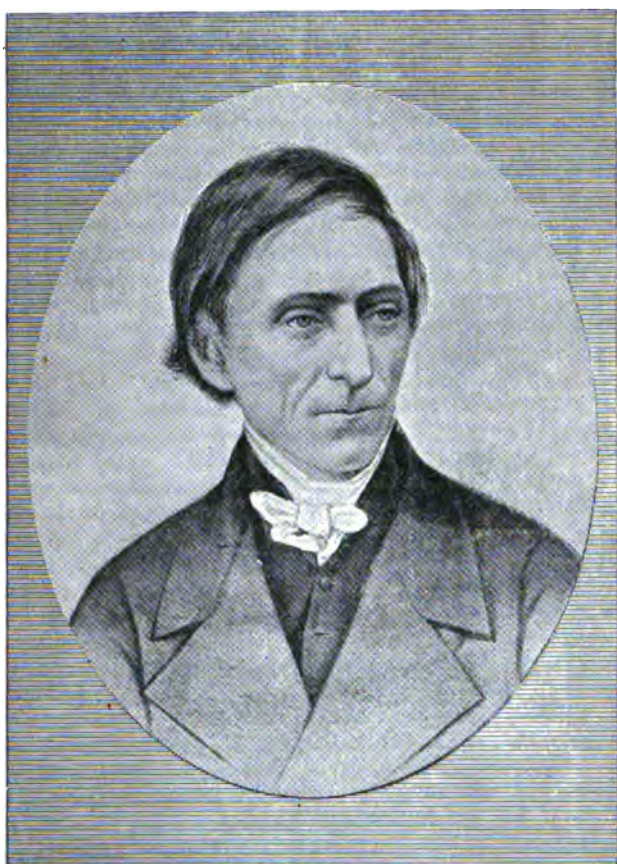
Dr. Hughes says in the *Aleinist and*

Neurologist that the hope of conquering cancer lies in recognizing its neuropathic relations and in early and persistent, vigorous and confident efforts to improve them. The law of resistance to cancerous invasion is in the conservation of energy. When Pasteur wished to inoculate birds with the bacillus anthracis he lowered their vitality by chilling them, and some of them when the fever was at its height, were brought up again to the point of successful resistance by exalting their temperature. Other animals, too, which were inoculated with diluted virus, had the power of resistance excited, but not overwhelmed, and secured immunity through a developed power of resistance. — *N. Y. Med. Times.*

PERISCOPE.

MANAGEMENT OF NEW-BORN INFANTS.—

We recently visited the maternity department of the Woman's Hospital in this city, and learned that since last June their management of new-born babes has been as follows: As soon as the head is born the eyes are washed with an antiseptic solution. When the body is born the child is left in the bed to await the expulsion of the placenta. No effort is made to remove the placenta under half or three-quarters of an hour; before this time it is generally expelled by nature. When the placenta is expelled it is placed in a pan, and the child is wrapped up and laid away *with the placenta still attached*. The child is now left and all the attention is given to the mother. After the mother is properly cared for, the child receives attention. By this time the pulsations in the cord have long since ceased. The cord is now cut and the blood is "stripped" out of the stump, but neither end is ligated. The stump is not dressed, nor is any band put around the child's body. The child is neither washed nor dressed, only a diaper and a simple "slip" or gown is put on, and then it is warmly wrapped up and put in a little bed to itself. After twenty-four hours it is taken to the baby's bath-room (which is properly heated) and there it is washed and dressed. Dr. Tyng, the physician in charge, tells us that since this plan has been adopted the babies get along much better. We were in the wards of this department about an hour, and



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during this time we did not hear a single cry from the babies. They all seemed contented and happy, and were doing well. We are convinced that washing the child immediately after birth, and keeping it half naked for a long time during the process of careful dressing, is not good practice.—*Med. World.*

A HERMAPHRODITE.—A person calling herself by the ambiguous name of Madame Duplex de Balzac, informs the profession that she (or he) has just arrived from Europe, and "intends to exhibit herself (or himself) before any person who is anxious to enlighten himself on natural science." Dr. William T. Lusk certifies that Mrs. Duplex de Balzac is an example of hypospadias. The generative organs are those of a male, but the general habit of the individual (and this is what makes the case an interesting one) is of the feminine type. The bones are small, the wrists and ankles are slender, the breast, the hair, the complexion, and the voice are those of a female. Dr. William M. Polk states that it is a case of true hermaphroditism.—*Medical Record.*

SEEING YELLOW AND HEMERALOPIA AS SYMPTOMS OF ICTERUS.—Hirshberg reports an interesting case to the *Berliner Medizinische Gesellschaft*, where the patient has been suffering with disease of the liver and icterus for six years. The patient made application for treatment for the relief of the nightblindness from which he has been suffering for the past three weeks. During the day vision is fair, but a yellow, misty appearance annoys the patient. At night he must be led. The field of vision was normal. The ophthalmoscope did not reveal any special symptoms. When the test for color blindness was made all colors appeared yellow; green was mistaken for blue, and very dark blue for black. Hirshberg thinks night blindness is dependent on blue blindness. The appearance of these symptoms in connection with icterus are not of frequent occurrence. Frank claims to have seen it 5 times in 1,000 cases. Traube doubts that seeing yellow is caused by icterus. Frerichs, in his great work on diseases of the liver, is just as doubtful about this point. It certainly does not occur

often. Leber (in Grafe and Sæmisch) only mentions two cases. In these cases a post-mortem examination later showed cirrhosis of the liver, but no changes of the optic nerve. The cornea was slightly discolored. In the case reported by Hirshberg the cornea was perfectly clear.

PARTHENINE—A NEW REMEDY.—Dr. José Ramirez Tovar gives in *La Cronica Medico Quirurgica*, of Havana, the results of his experiments with parthenine, an alkaloid derived from *Parthenium Histerophorus*. One of the first cases was a strong and vigorous woman of 34 years, who suffered from an insupportable facial neuralgia, which became worse at a certain hour every day. One gramme of parthenine was ordered, divided into ten papers, one to be taken every hour. She began to feel relief after taking three of the papers, and the next day passed without experiencing the usual exacerbation. Small doses were recommended afterwards to sustain the action of the first doses. She disregarded the advice, and as a result she returned on the fifth day again complaining of the neuralgia, but this time not so severe as before. A few more doses of the parthenine cured the affliction, for she had no attack during the succeeding five months. Two cases of intermittent fever were also successfully treated with parthenine. A little child who had suffered for seventeen days irregularly from fever, drowsiness, and anorexia, and who had derived no benefit from quinine, showed marked improvement in twenty-four hours after using parthenine, and in three days the temperature was normal. The results in all of Dr. Tovar's cases have been so striking that he feels confident that parthenine, if it come into general use, will not disappoint the hopes that have been built upon it.

A METHOD OF AVERTING SYNCOPÉ.—It is well that we should always be prepared to avert what may or may not prove to be a serious, or even fatal syncope. In persons whose hearts are weak, fainting or syncope is not at all uncommon, and may be produced by very slight causes. Hence we reproduce the concluding paragraph from an article on the subject by Dr. William J.

Notley, in the *Lancet*, March 14, 1885 :

"Now in all cases where the syncope is not complete, and where the heart continues to act, though feebly, measures are taken to restore the patient by adopting such means as are calculated to strengthen the action of the heart and facilitate the flow of blood to the brain. In many cases a person accustomed to faint from slight causes will be able to avert the syncope by adopting such means, and it is for this purpose that I wish to draw attention to the efficacy of heat applied to the head. In a person with a weak heart, syncope may be produced by simply sitting with the feet in hot water, and, in like manner, it may be averted by application of heat to the head. Any one may convince himself of this by first producing faintness in himself artificially. This may easily be done by getting into a bath of about 110° F. In a few minutes he will begin to feel faint. Let him then plunge the whole of his head except the nose and mouth beneath the surface of the water, and in less time than it has taken to bring on the faintness all the disagreeable sensations will cease, and he will now be able to continue in the bath, perhaps for half an hour longer, without any inconvenience. From this it would appear that the application of heat to the head is a measure of some value in averting a threatened attack of syncope."—*Med. and Surg. Reporter*.

REMEDY IN INTERMITTENT PULSE.—The editor of the *Asclepiad* speaking of the use of remedies in intermittent pulse says :

I have made many inquiries in order to ascertain if there be any particular remedy which so influences the nervous mechanism of the heart as to exert an immediate controlling effect over intermittent action. The result of my research is that there is only one agent which can be said positively to influence it effectively ; I mean to influence it at once in such determinate manner that an effect is seen to follow upon a cause. The agent to which I refer is alcohol, and the mention of alcohol brings up the whole question of its use in cases of intermittent action. In intermittent pulse this direct action of alcohol on the heart is shown with singular effect. I have

seen in an extreme case, where the fact of intermittency was recorded ten times in a minute at least, a total cessation of the phenomenon within five minutes after the administration of six fluid drams of pure alcohol in water, the circulation at the same time being more rapid. This action of alcohol is so decisive that the patient himself soon becomes conscious of it, and unfortunately resorts sometimes to the remedy, to his ultimate disadvantage.

TREATMENT OF SCARLET-FEVER BY SCALDED OAT-MEAL.—Mr. George Smith, of Somerset, England, states that he has for several years been in the habit of having his patients well sponged over the surface of their bodies, commencing, as a rule, about a week after the appearance of the eruption, and continuing the process until desquamation is complete, with a mixture of one ounce of oat-meal to a pint of boiling water ; the solution to be made fresh every day, and used tepid, or at such a temperature as may be comfortably borne by the back of a finger. His reason for using this particular combination is that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing of their being removed from one sponging to another without the ordinary risk of infecting either atmosphere or clothes, and thus greatly lessening the risk of spreading the disease.

Secondly, the gluten fills up the cracks of the new skin and protects it from cold, as patch after patch of it becomes bare, and it thus, to say the least, greatly lessens the risk of the dropsy which so often follows upon this disease.—*Therap. Gaz.*

CANCER A GERM AFFECTION.—A. Ledoux-Lebard, in a paper recently published, advances the theory that cancer is a parasitic disease. In proof of the position assumed he cites the experiments of Langenbeck, Fallin, Lebert, Cohn, and others, in which inoculation with cancerous tissue was practised, some giving positive and others negative results. Ledoux-Lebard considers actinomycosis a variety of cancer, and arrives at the following conclusions :

1. By its clinical, etiological, and, especially, its anatomic-pathological characteristics, cancer presents marked affinity

with tuberculosis, a parasitic disease. And hence, there is no reason to suspect its parasitic nature.

2. Certain forms of cancer (actinomycoses), belonging to the sarcomatous variety of tumors, are of a parasitic origin. It is, therefore, reasonable to suppose that other varieties are also of parasitic origin.

The paper is followed by an extensive bibliography.—*Archives Gen. de Médecine.*

COCAINE IN THE TREATMENT OF INFLAMED NIPPLES.—The limits of usefulness of cocaine do not yet seem to have been reached. The sphere of its therapeutic activity is, on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by UNNA in the treatment of inflamed nipples, in which affection he holds it has no rival in almost marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing on it. To afford prompt relief, even while the child nurses, has not been hitherto accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to one per cent.) of the hydrochlorate of cocaine. Within one or two days the fissure will have healed completely, and all pain consequently will have disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects in the child. It would even possibly benefit the child when irritable and restless.—*Wiener Med. Wochenschrift.*

LANCING CHILDREN'S GUMS.—In the discussion of this subject before the Medical Society of London, Mr. Hamilton Cartwright (dentist) was distinctly of opinion that both diarrhoea and convulsions might be caused by dentition. There were two conditions under which lancing the gums is indicated: 1. If the gum is tense and glistening at the epoch when the tooth is about to come forward, by cutting into the sac of the tooth great and immediate relief is af-

forded. 2. In an inflammatory condition of the gums, with tumidity, but without the extreme tension of the first class of cases, incision gives relief. In the latter class of cases the treatment is empirical, but none the less successful.

GONORRHOEAL ERYTHEMA.—It has long been claimed that Copaiva produces an erythema; but Dr. Raoul Mesnet, in his thesis, proposes to show that these eruptions are not produced by Copaiva as frequently as has been supposed; and that the greater number of these eruptions depend alone upon gonorrhoea, a disease for which Copaiva is often administered. Mesnet calls attention to the fact that Copaiva has been employed in a large number of different affections without giving rise to copalival erythema, or, at least, quite exceptionally. On the other hand, as Bazin has pointed out, the duration of the roseola of Copavia is by no means subordinate to that of the medication. The author then cites cases in which the eruption appeared without the patient taking any medicine. He cites the remarkable case of M. Ballet, in which a scarlatiniform eruption developed in the case of a gonorrhoeal patient, with typhoid phenomena and marked febrile symptoms. An analogous case has already been published by Mr. Balzer. M. de Molines has also observed a scarlatinal eruption in a gonorrhoeal patient who had not taken any kind of medication. These eruptions, while variable in their aspect, can only be considered as an expression of a general infection. Their most common form is a scarlatinal or rubeolic erythema, but there may be likewise observed urticaria, polymorphous erythema, purpura and furuncular eruptions; these accidents do not appear to possess any gravity.—*Jour. Cutan. and Vener. Dis.*

AN INVENTOR PROTECTED.—It gives us much satisfaction to note that in the case of Dr. Carl L. Jensen against the firm of Keasbey & Mattison, of this city, for their alleged infringement of his patented methods of manufacturing crystallized pepsin, the Circuit Court of the United States rendered a decision protecting Dr. Jensen in his rights, and putting a stop to the manufacture or sale of his product by the firm named.

Not only is this law, but we are convinced that it is justice as well. A scientific man, who, through later years has developed a process for the production of a chemical, and then gives the process publicity through the means provided in the patent laws, should certainly reap the returns of his toil and knowledge for the limited time provided by the laws. It argues a low morality in the man or firm who would try to despoil him of this legitimate fruit of his labors and knowledge.

The Court said; "That the plaintiff's patented product, 'peptone pepsin,' is of great utility and patentable, is undoubted. The infringement is conclusively proved. The defense, that for more than two years prior to the patentee's application, this article had been exposed to sale, and second, that it had been described in certain publications, is not sustained by proof. No such article is shown to have been on sale, and no such process as employed by the plaintiff, or article manufactured by him, is shown to have been thus described.

"Pepsin had been manufactured and sold for many years, but no 'peptone pepsin,' such as this patent describes. The publications relied upon show nothing more than suggestions and speculations of scientific writers, who had never tested the practicability of their suggestions, or demonstrated the truth or value of their speculations."—*Med. and Surg. Reporter*.

THE RACE OF LIFE.—The following is taken from a sporting contemporary, and is certainly unique in its way:

"If one could see a million babies start on a journey (all scratch the mark, of course), and could follow them through life, this is about what he would see. Nearly 150,000 of them drop out of the ranks by the end of the first year, while twelve months later the numbers would be further thinned by the deduction of 53,000 more; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the end of the forty-fifth year, when it would be found that in the intervening period something like 500,000 had left the track. Sixty years would see 370,000 gray-headed men still cheerfully pegging away. At the end of eighty years the competitors

in this great 'go-as-you-please' would number 97,000, but they would be getting more shaky and 'dotty' each lap. At the end of ninety-five seasons 223 would only be left in the final 'ties,' while the winner would be led into his retiring-room, a solitary wreck, at the age of one hundred and eight. There is something grimly humorous in the quaint array of figures, but they are founded upon statistics carefully compiled. One cannot help wondering what would be the betting at the start about any one of those million babies coming in alone at the one hundredth lap of the great and mysterious track upon which the race of life is run."

VIVISECTION INDISPENSABLE TO THE PROGRESS OF MEDICINE.—Wounds of the abdomen, especially gunshot wounds, are among the most fatal injuries known to surgery. A small, innocent-looking, external pistol wound may cover multiple and almost inevitably fatal perforations of the abdominal contents. The recoveries from 3,717 such wounds during the late civil war only numbered 444, and of those with escape of the intestinal contents the recoveries, says Otis, may be counted on one's fingers. The prevailing treatment, as laid down in our text-books, has been purely conservative, treating symptoms as they arise. The brilliant results achieved in other abdominal operations have led a few bold spirits, such as our own Sims, Gross, Otis, McGuire and others, to advocate the opening of the abdomen and the repair of the injuries found.

In May of last year, Parkes, of Chicago, reported to the American Medical Association a series of systematic experiments on thirty-seven dogs that were etherized, then shot, the abdomen opened, and the wounds of the intestines, arteries, mesentery, etc., treated by appropriate surgical methods. The results confirmed the belief awakened by earlier experiments and observations that surgery could grapple successfully with multiple and formidable wounds by sewing them up in various ways, or even by removing a piece of the bowel and uniting the cut ends. Hard upon the heels of this important paper, and largely as its result, comes a striking improvement in practice. And remember, that this is only the first fruit of a

rich harvest for future time, in all countries, in peace and in war.

November 2d, of last year, a man was brought to the Chambers Street Hospital, in New York, with a pistol-shot wound in the abdomen. Under careful antiseptic precautions, and following the indications of Parkes, the abdomen was opened by Dr. Bull, coil after coil of the intestines was drawn out, the bullet was found and removed, and seven wounds of the intestines were successfully discovered and properly treated, and the patient made an uninterrupted recovery. A recovery, after so many wounds, any one of which would necessarily have been fatal under the old methods of treatment, shows that we have now entered upon a proper and successful method of treatment for such frightful accidents.—*Popular Science Monthly*.

A CERTAIN TEST FOR COD LIVER OIL.—

Put twenty drops of the oil to be tested into a shallow dish or watch glass; then dip a glass rod, pointed at its end like a pen, into pure, concentrated sulphuric acid, then into the oil and inscribe some fanciful figure or your own name. If the oil is pure the figures, letters, or other designs can be seen in *purple* upon the watch glass. There are few oils in the market that can stand this test.

DYSPEPSIA, A SYMPTOM OF KIDNEY DISEASE.—Derangements of digestion are very common in all organic diseases, but it seems they are particularly liable to be present in the various forms of kidney disease, grouped together and generally known as "Bright's Disease."

We have known many cases that have lasted, no doubt, for years, and in which the only symptom that presented itself to the attention of the patient up to within a very short time of a fatal termination, was an obstinate dyspepsia, that no drugs nor precautions in eating, nor hygienic measures of any kind, no matter how conscientiously carried out, could relieve. Whether the prolonged faulty digestion and consequent assimilation of imperfectly prepared nourishment, caused the changes in the kidney tissue, or whether the impaired action of the kidneys and the consequent retention of excrementitious matter in the system, caused the dyspepsia—or, in

other words, the relationship of cause and effect between the kidney dyspepsia and the kidney disease—we do not know, nor is it of much practical importance that we should know. One theory that has been advanced as to the etiology of Bright's disease holds that owing to faulty preparation the blood albumen is really unfit to remain in the blood; it is excrementitious and must be removed, and that the irritation caused to the kidneys in performing this work results in an inflammation and degeneration of their structure. If this be true, then we might reasonably suspect that the dyspepsia may act as a cause; but, for our practical purposes, we say again, it makes no difference which is the cause and which the effect.

The point that we wish to make is that dyspepsia is frequently the only symptom, or sign of chronic Bright's disease that makes itself manifest to the patient, and that when we are called upon to treat a case of chronic dyspepsia which baffles our skill and resists the treatment which *ought* to cure it, it will be in order to make a careful examination of the urine. This will unravel many a mysterious case, and help us much in our treatment.—*Med. and Surg. Reporter*.

CESAREAN OPERATION PERFORMED BY THE PATIENT.—The following remarkable case was related by Dr. Von Guggenberg, and the patient exhibited at the last annual meeting of Bohemian physicians at Tetschen. On September 28, 1876, he was summoned at two in the morning to see a woman who was said to have cut open her abdomen. He found the patient lying in a miserable house, on a wretched and dirty bed, exhausted and bloodless, and only capable of making affirmative and negative signs. On removing a dirty petticoat which covered her, an incised wound was seen on the right side of the abdomen, passing downward and inward, from which a somewhat large coil of intestine protruded, the greater part of which, covered with dried blood, rested upon a dirty blood-soaked straw sack. Hemorrhage seemed to have ceased from every part of the wound, and the uterus was contracted to the size of a child's head. A fully developed, but dead, male child lay between the patient's knees. Clean

linen was procured from a neighboring house, and, with a piece soaked in oil, the protruded intestines were carefully wiped and returned, and the wound sewed up, the peritoneum being included with the skin. The incision was about three and a half inches long, and slightly S-shaped. It was dressed with a five-per-cent. carbolic solution, fixed with strapping, and the abdomen was carefully bandaged. By the afternoon, the patient was able to speak, and next day the history was taken. She had had seven children previously, four of whom had been born without medical assistance, two with forceps, and one after craniotomy. The pains began between September 24th and 25th and ceased in the afternoon, and came on again on September 26th, when the midwife stated that she felt the presenting head on vaginal examination. On September 27th convulsions came on, according to the patient's account, accompanied by agonizing pain and great distension of the abdomen, the movements of the child ceasing. The pain and distension became so severe that the patient determined to perform Cesarean section, of which she had heard. She therefore took a razor and divided the skin slowly; she then made a second and third incision; and finding the child not yet appearing, made another cut, which caused a large jet of blood to escape, and exposed the placenta; this she removed. One foot of the child came into view, which she seized and pulled upon until the whole of the body came through the wound, the head requiring the exertion of all her force. She divided the umbilical cord, laid the child (which she believed to be dead) beside her on the bed, and threw the placenta on the floor. She had passed neither urine nor feces since Sept. 24th. The progress of the case was very good; urine was passed on the afternoon of Sept. 28th, but the first stool not till Oct. 2nd. The pulse reached one hundred and twenty on the day after the operation, but was never again so frequent; the temperature is stated to have been not very high; and, although there was a considerable amount of exudation from the wound, it had united by Oct. 3rd. The patient soon returned to her work, and has been ever since in perfect health. — *Brit. Med. Jour.*

KNEE-CHEST POSTURE FOR DISLODGING LOCKED TWINS.—A new procedure for dislodging locked twins is described, with an illustrative case, by Dr. T. S. Calbraith, of Seymour, Indiana, in the *American Journal of Obstetrics*. Being summoned hastily to a case of difficult delivery, under the charge of a mid-wife, he found a child delivered except its head, which, with the chin extended, was in the right oblique diameter of the pelvis. The head of another child was also found occupying the cavity of the pelvis, presenting with its occiput to the front, and was driven down so firmly as completely to bar the further progress of labor. With the patient on her back the head was immovable, but on causing her to assume the knee-chest posture, the attendant found himself able to push it out of the way by introducing his hand, and a few seconds later the first child was delivered still-born; the second was delivered with the forceps, and survived. — *American Practitioner.*

HOW TO REMOVE COMEDONES.—Comedones, or blackheads, may be removed from the skin of the nose and surrounding parts by friction with hot, soapy water, followed by bathing with a lotion consisting of one drachm of carbonate of potash, one ounce of glycerine, and six ounces of water, allowing it to dry on.

HOT WATER IN SYNOVITIS.—Dr. J. D. Thomas reports good results from the following procedure in synovitis: He procures two large flat sponges sufficiently large to envelop the joint; these are washed clean in order to remove any sand or calcareous matter contained in them, then squeezed dry and applied to the swollen joint; and over this a roller bandage is applied as firmly as possible, the bandages covering the sponges perfectly, and then hot water applied until the sponges are saturated. This hot water application should be practiced every two hours. He cites several cases as evidence of the value of this treatment. — *Med. Brief.*

A LARGE HEART.—A slice of a whale's heart was placed in the museum at Oxford University. It was one inch wide, and cut from the aorta. It looked

like a child's hoop, and was taken from an average whale.

While the physician was dissecting out the heart his foot slipped and he fell into the right ventricle, and slid into the aorta, from whence he was pulled out. After his rescue he cut a number of sections from the aorta, which easily passed over his head and shoulders.—*Med. Sum.*

TANNIN IN CARBUNCLE.—Dr. R. H. Johnson (*Medical Review*) has found tannin a specific for carbuncle. The dry powder is sprinkled on the carbuncles as long as it will dissolve. Twenty-four hours after it is washed off with castile soap and the sprinkling of tannin recommenced. The carbuncle soon heals up, he claims, without much pain.

FRACTURE OF THE URETHRA.—Professor V. Dittle, in the *Wien Med. Blätter*, 1885, reports the occurrence of this rare accident during the preceding year. The patient, a man aged thirty years, came to the clinic, relating that he had struck his penis four days previously, during erection, against the symphysis pubis of his wife. Severe pain was at once felt throughout the entire organ, and on attempting to urinate, burning was experienced at a localized spot in the urethra.

The following day the entire penis was much swollen and urination very painful. The swelling persisted in spite of the application of Goulard's extract, and the man came to the hospital for treatment.

Examination showed normal capacity of the urethra. Retention of urine had persisted for thirty hours and the bladder was much distended. The penis was much swollen. In the perineum corresponding to the bulbar portion of the urethra, on pressure a very sensitive spot was found. A Nelaton catheter, at this situation, entered a small opening, and was only introduced into the bladder after manipulation. Notwithstanding an incision was made the day following, urinary infiltration became more considerable, and the fifth day an incision along the entire scrotal raphe was necessary, and the bulbar portion of the urethra was found to be completely torn through. The ends were separated about one-fifth of an inch and were perfectly smooth. The edges of the wound were united by suture, but

did not come into exact apposition. The urethral and scrotal wounds healed under iodoform dressings. Sometime subsequently a secondary suture was introduced into the urethra. A small fistulous opening persisted, however, which, while it persisted in size, failed to close entirely. In this condition the man was discharged.—*Med. News.*

Dr. THOMAS thinks that no person should become a physician who has not a good physique, and who does not enjoy good health, because cases occur in practice in which human life depends more on the physical endurance of the physician, than upon his skill.

ON CHLORAL IN STRYCHNINE-POISONING.—In connection with a report on the successful exhibition of chloral in a case of poisoning with 6 grains of strychnine (*Arch. Gén.* 7 sér. xi, pp. 74-153), Dr. FANCON presents the following therapeutic suggestions:

1. Coffee, given early and persistently, tends to check the toxic process, and serves to gain time.

2. Iodine and tannic acid likewise retard the intoxication, though the precipitates formed by them with strychnine cannot be regarded as stable and insoluble.

3. Emetics, chiefly ipecac and tartar emetic, are indicated, but prove often useless.

4. After the failure of the preceding remedies, chloral can be confidently resorted to as a potent antidote.

5. Internal administration of chloral can be safely combined with hypodermic injections of 3 grains.

6. Though the prime usefulness of chloral appears to be most marked in the first stage of poisoning, its subcutaneous employment will, even later, be advantageous; intravenous injections are to be reserved as an ultimate and extreme measure.

7. The doses of the drug must be proportionate to the intensity of the toxic symptoms. In threatening cases large doses are to be persisted in.

8. Chloral, though essentially altering the expression of the intoxication, is nevertheless unable to prevent all toxic manifestation if the poison be absorbed in a large quantity.

9. If a fatal issue does not ensue

rapidly, the prognosis is not necessarily unfavorable, in spite of the ingestion of a great quantity of the poison and the long duration of the toxic phenomena.

Although it is to be hoped that future trials of chloral in strychnine-poisoning will confirm the value claimed for it by Fancon, we do not consider the exclusion of emetics or of tannic acid as a prudent or warranted measure.—*Ther. Gazette.*

MISCELLANY.

A BINDER FOR THE ADVOCATE.—For the convenience of our readers, we have had a binder made especially for the *Advocate*. It is the most perfect binder ever manufactured, and answers the purpose of either a temporary or a permanent binder. It possesses many advantages over any other contrivance of a similar character. It does not mutilate the copies, is simple in construction, and permits any one copy to be removed without in the least disturbing the others. In appearance, the binder is a handsome, well-bound book, an ornament to the library shelf or the centre table. We are prepared to furnish these binders at the low price of \$1.50, by mail, post-paid.

VASELINE is being largely used by French bakers in the manufacture of pastry and bread as a substitute for lard or butter. It is not supposed to be injurious, but has no nutrient properties. It is said to prevent rancidity.

A PERFECT WATER FILTER.—Those who desire to avoid the consequences of the use of impure drinking water (and in view of the possible appearance of cholera this summer, no precaution in this direction can be considered unnecessary), should write to the Gate City Stone Filter Co., 14 East 14th St., N. Y., and get their price-list, and pamphlet on the source of zymotic diseases. We have used this filter, and can speak authoritatively as to its value.

"See here," said an angry citizen to a quack doctor, "that 'wonderful discovery' of yours for preserving the scalp is a fraud."

"Why so?"

"Look at that," he went on, removing his hat, "since using it I have lost all my hair."

"Oh, it doesn't pretend to preserve the hair," replied the doctor, "only the scalp. You've got your scalp left. You mustn't expect too much of medical science."

REMOVAL.—Our readers, in corresponding with the house of Keith & Co. (see advertising page x.), will please note change of address to 75 William street.

CAN'T BE TRUSTED.—"I tell you, sir, no woman can be fully trusted," exclaimed a cynical man to a friend. "Why, just look at poor Sniffson. Didn't he love that wife of his? Didn't he think that nothing was too good for her? And how she has requited him!" "How?" asked the other. "Gone and had twins—these hard times."

In an examination upon physiology some years ago at South Kensington, the question was put: "What is bile and what are its uses?" One candidate's answer was, "Bile is formed in the stomach, and is used in cleaning carpets."

LACTOPEPTINE.—In dyspepsia and all other conditions arising from imperfect nutrition, we know of no remedy equal to Lactopeptine.

DOCTOR (to patient): "Well, how do you feel to-day?"

PATIENT (in agony): "Oh, doctor, do something for me. I suffer terribly. I have the pains of h—ll."

DOCTOR (in surprise): "What? Already?"

THE SMALL CHILD.—A lady visiting a friend just confined, remarked to the grandmother: "How small the child is!" The old lady replied, "Well, we had a Homoeopathic doctor."—*Cour. Rec. Med.*

"YOUNG MAN," said a revivalist solemnly, "do you feel that you are prepared to answer the summons at any moment? Do you realize that when you go to bed at night you may be called before the morning dawns?"

"Oh, yes, sir. I'm night clerk in a drug store, an' all you've got to do is to keep on ringin' the bell until you hear me holler."

The Medical Advocate.

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No. 7.

Annual Address.*

BY

H. K. STRATFORD, M. D.,
CHICAGO, ILL.

Fellow-members of the National Eclectic Medical Association:

An honored usage has made it a duty of your President at each Annual Meeting to address you on matters relating to the purposes, business, and prosperity of the Eclectic School of Practice. I ask your patient attention accordingly, while endeavoring to present a review of the field which we occupy, and to make such suggestions as, in my humble judgment, will indicate the better methods for the promoting of our welfare and objects. If my sentiments do not in all cases agree with those which you may individually entertain, there is breadth enough in your minds, and certainly in the Eclectic platform, to enable every one to cling tenaciously to his own conception of what is true and right; all the while extending the fairest and most friendly consideration to divergent views which others may as zealously cherish. "Malice toward none and charity for all," is the original Eclectic doctrine, ethics, and practice. We are enlisted in a common enterprise, and have no occasion—I trust, no disposition—for any unfriendly contests with each other, that will be likely to waste our strength and compromise our standing. The struggle for mastery, and the endeavor to take advantage of others, are acts that pertain to the low politician or the prowling night-thief, but never are to be found with men engaged in scientific pursuits. Brotherhood, and not partisan rivalry, is the characteristic of Science.

A CHARGE OF HOLDING EXCLUSIVE DOGMAS
FALSE.

That the Eclectic Practice is based upon an exclusive dogma, has been

often asserted, and every time refuted. Even Dunglison's Medical Dictionary, a work of great merit in all of your libraries, persists with a remarkable obstinacy in repeating this notorious falsehood. Such perseverance exhibits a shameless disregard for truth, a willingness to employ dishonest means for an unworthy purpose, and an unscrupulous disposition for doing any mean thing in order to secure partisan advantage.

In fact, as my honored predecessor ably set forth at our last meeting, we have the official confession of Doctor Austin Flint, as President of the American Medical Association, that Exclusive Dogmas have always prevailed in the School of Medicine represented by that body. The holding of such dogmas, he declared, has never been regarded as constituting a physician irregular. The only exclusive dogmas which are held and strictly enforced by any body of medical men are those of this American Medical Association, and the medical colleges existing under its auspices. They are not enforced from any regard for the advancement of Science and beneficial knowledge, or to improve the educational standard, but solely and absolutely for the purpose of proscription. All the arts and persecutions which, we are told, the Roman Catholic Church formerly made use of to crush and destroy Protestants, are employed at this very moment, so far as may be, by the self-named "regular physicians" to exterminate those who do not subscribe to their Code, or receive diplomas at their medical colleges. Skill and learning count for nothing with them except when acquired where they arbitrarily dictate, and exercised as they may prescribe. In 1872 they demanded that State Legislators should charter only Old-School Colleges. In this spirit, with the rapacity of wild beasts, and often with ferocity far exceeding them, they have sought to conspire with the civil and military authorities in order to exclude ignominiously from the public service, all who

* Delivered before the National Eclectic Medical Association at the annual meeting at Altoona, Pa., June 17th, 1885, by Henry Knox Stratford, M. D., President of the Association.

are not of their number; and they are sedulously at work by arbitrary statute and other improper means, to prohibit such physicians from being lawfully employed in their lawful calling. Such is the laying down of exclusive dogma, and such their policy, which is utterly and absolutely at war with the principles underlying Christian civilization and constitutional government.

STATE EXAMINING BOARDS.

The American Medical Association, at its recent meeting, has reiterated its purpose to crush the rival schools of Practice out of existence. Its managers seem determined to exhaust every means, foul in preference to fair, to destroy all who have not worshipped at their shrine. American citizenship and constitutional rights are mere webs as frail as gossamer, in the view of these would-be lords of the nation. The following paper has been accordingly referred to the various State Societies of the exclusive School of Practice:

"A bill in keeping with the following will be referred to the Societies of each State:

"*Resolved*, That steps be taken to establish in each State a Board of Examination of Medical Science, whose certificates shall be the only authority to practice in those States."

As a general rule, or absolute as it can be made, Eclectics will be rigorously excluded from these proposed Boards. They have no rights which these men are willing should be respected. There will be assessments levied on physicians in the several states, and money will be used to employ counsel, maintain lobbies at the several legislatures, and if necessary, influence legislation by means, which, if known, would be indictable at common law. This is the conflict impending. Let Eclectics be awake, perfect their organizations, and protect themselves in the impending conflict as they best are able. Let no Board be created that will not conserve our rights. The cause of Civil as well as Medical liberty is at stake; we must contend for it as in 1776, against British, Hessians and Tories, and the few, as usual, must give themselves for the many. They must live after the example set forth by the poet Landor:

"I am more

A man than others. therefore I dare more
And suffer more. Such is humanity;
I can not halve it. Superficial men
Have no absorbing passions: shallow seas
Are void of whirlpools.

The Eclectic School of Practice was born of protest against the exclusive dogmas and the barbarous methods of what is pretentiously called "the *regular* practice of Medicine." These methods have been repeatedly decried by the ablest physicians of both hemispheres as more destructive than beneficial; and the same men have often declared that more lives were sacrificed by medical treatment than ever were benefited. The longevity of mankind, as intelligent physicians have affirmed, would have been far greater, if there had been no intermeddling by medical practitioners. The founders of the Eclectic School aimed to set aside the murderous modes and drugging which were employed, and which the effort is now making to restore. They were successful in procuring the banishment of the lancet, and largely so in regard to mercurial and other compounds of kindred atrocity. In no case, however, did they despise or endeavor to do away with scientific learning. At the very outset of their career, long before being distinguished by any other name except that of Reformers, they established medical colleges. "We believe that a physician ought to be intimately acquainted with everything belonging to his profession," said Professor Thomas V. Morrow; "that he ought to be a scientific man—not superficially so, but profoundly so, and as extensively so as possible. Indeed," he adds, "the real dignity and weight of character of a medical man, and consequently his usefulness, *depends upon high scientific attainments*, profoundness of judgment, acuteness of discernment, patience and perseverance in investigation, and last, though not least, real moral worth."

Upon this sentiment the whole Eclectic School of Medical Practice is based. Every effort has been made, and with reasonable success, to afford instruction and to maintain a standard which conformed to it. Hence, to assert that Eclectics are not scientific, except that word is given a qualified and partisan meaning, is to assert what is not true.

Appleton's *Cyclopædia*, however, carries off the prize for the most absurd and preposterous story. "Doctor Benjamin Thompson, of Concord, N. H.," it states, "was one of the oldest members

of the Eclectic School." Grosser, more pitiful ignorance, and more flagrant disregard of fact, we are seldom required to witness. There was probably never such a man in New Hampshire, or even in the United States; certainly never in the Eclectic ranks. Even Doctor Samuel Thomson, who established a mode of practice, was never in sympathy with the founders of our School. I cannot divine why a responsible publishing house like the Appletons persists in giving currency to such a palpable untruth.

BEACH THE FOUNDER OF THE REFORMED SCHOOL.

"The honor of attempting to introduce a Scientific Botanic System of Medical and Surgical Practice," says Professor Morrow, "seemed to be reserved for the celebrated Doctor Wooster Beach, of New York. Circumstances had placed him in early life in a situation for observing the destructive effects of calomel, and caused him to feel that suffering humanity loudly called for a Reformation in Medical Science."

Under these conditions he embraced every opportunity to acquire the knowledge of improved methods of treatment, finally graduating at the University Medical College, of the City of New York. The late Dr. James R. Wood derived his first inspiration in medicine from Dr. Beach, however much he may have sought afterward to disguise the fact. Many a person has ascended a ladder and then kicked it down.

While, therefore, scrupulously refraining from any remark at all discreditable to the name and reputation of Doctor Samuel Thomson, we must reiterate Professor Morrow's denial of the proposition that the Reformed or Eclectic Practice is identical or intimately connected with, or fundamentally depending upon, the Thomsonian system. "It originated even before Thomson was known, and was improved and developed without the least reference to his system, and, for the most part, without even the knowledge that such a system as the Thomsonian or such a being as Samuel Thomson was in existence."

THE ECLECTIC IN AMERICAN PRACTICE.

While the rival schools of Medicine

are importations from Europe, and are generally but servile imitations of European methods and policy, the Eclectic is purely an American practice, and deserving of protection as a Home Industry. We claim, and can prove, that the Eclectics have both advanced and elevated the Medical Art, by introducing a more humane and scientific method of treating the sick, discarding dangerous and noxious medicines, and prescribing safer and more beneficial agents in their place. The credit is due to them, as to no other school of practice now in existence, for the discovery, proving and adopting of many new and important remedies, chiefly from the indigenous plants of this country, and for the adoption of numerous modes for extracting their active principles, thus making them more acceptable, and at the same time preserving their efficiency.

THE ECLECTIC IDEA.

A great and comprehensive system has thus been established upon the basis of a wide and enlightened experience. The idea which lies at the foundation is expressed by our motto: *Vires Vitales Sustinete*—Sustain the Forces of Life. The genuine Eclectic will discard and discountenance every medical agent and course of treatment which impairs the vital energy. We believe the proposition that one disease is cured by producing another to be unsound in principle and opposed to the correct practice of the Healing Art. The notion that noxious drugs are necessary in extreme cases is an utter delusion. Imperfect as our present state of knowledge may be, all necessary purposes may be more surely accomplished by remedies which are more harmless, and at the same time more efficacious.

Besides, the Healing Art can not remain stationary. New discoveries and an intelligent experience must, and should, and always will, lead to change in the means to be employed, both in regard to treatment and remedial agents. Hence the Eclectic practitioners are not to be limited by any authority to drugs that are called officinal, but only to means that are beneficial. Every method, whether with or without drugs, that is capable of effecting good results in the care of the sick, belongs legitimately and necessarily to our field of practice.

MEANING OF "ECLECTIC."

The endeavor has repeatedly been made, and many times with some little degree of absurdity, to define what the word *Eclectic* really means when used to designate the New School of Medical Practice. We may bear in mind that it was not chosen at random. It really means the selecting of the better, but in no case can be legitimately to denote any huddling together of crude notions, incidental methods, and indefinite remedial agencies. On the other hand, the Eclectic is a school of practice with the central idea of conserving the vital energy of the patient, and of inventing as well as selecting every means and agency which will promote restoration to sound health.

THE ETHICS OF THE ECLECTICS.

The distinctive moral characteristic of the New School is the absence of an arbitrary Code of Ethics. The experience of all medical men has shown that in any free commonwealth such a code never has been and never can be enforced. A police force is necessary for the purpose. The attempt to do it is an invasion of personal and civil rights. The American Association adopted its Code forty years ago as a means for successfully proscribing Eclectics. Its Jesuitical character has made it a stench in the nostrils of every liberal and generous-thinking man. Doctor J. Marion Sims, when the president of that body in 1876, handled the matter bravely and without gloves. In his Annual Address of the 6th of June he said: "*It compels men to do dishonorable things to promote an honest action.*" He also further criticised it because it deprives physicians and surgeons of the right to obtain patents on their own valuable inventions; because it forbids the use of medicines whose chemical and therapeutic properties are well known, and like absurdities. He adds these golden words:

"Here common sense and common interests have silently—almost imperceptibly—established a HIGHER LAW that overrides the Code and leaves it inert. * * Let it stand, however, as it is. Honorable men do not need its protection. Dishonest men are not influenced by its edicts. We must educate the profession up to a recognition of a higher law—the unwritten code

regulating intercourse between gentlemen. This is the Code that governs in England and France. The man that violates it is, by common consent, dropped out and allowed to vegetate in isolation."

The National Eclectic Medical Association stands exactly upon this Divine Platform of Higher Law which Doctor Sims so pertinently advocated. Its ethics are simply expressed as follows:

"The members of this Association shall exercise toward each other, toward all physicians, Eclectics especially, and toward all mankind, that courtesy and just dealing to which everyone in his legitimate sphere is entitled; and any departure therefrom shall be deemed unprofessional, undignified, and unworthy the honorable practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice, or of advertising, which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates."

This Code is simply the Golden Rule of the Gospel—to do to others as you desire them to do to you. It has amply sufficed, and we need nothing beyond it. We have no occasion whatever to adopt the regulations, methods, or the "tricks that are vain," which are employed by men who are radically opposed to fair dealing with rivals. We have no necessity for advertising that we have such a Code to keep us in bounds as gentlemen. In fact, all arbitrary laws are made, not for the purpose of regulating deportment, but purely to furnish pretexts for usurpation and for unscrupulous proscription. This Association is not a machinery to enable one clique of men to override the rights and obtain the advantage over another; but an organization consecrated to mutual benefit and the public good. I shall rue the day, if ever so black a day shall come, when we depart so far from Christian Ethics and good sense as to attempt to incorporate any other features into our discipline.

Ours is a School that can afford to stand on its own merits. We need and we ask no other aid or "protection" from the legislation of our country than every good citizen is entitled to receive. The genius of Science is always repugnant to any fencing of its pursuits; and hence men devoted to scientific labor are always content to do their work patiently and diligently, without seeking

or even desiring to interfere with their neighbors. Partisanship is totally unknown in the higher walks of knowledge, and is always a characteristic of the lust of dominion, which is peculiar to the selfish and half-instructed. We, however, are members of the Great Republic of Liberal Science, and stand on the broad platform of democratic liberty, as American citizens respecting themselves ought to stand.

HISTORY OF THE ECLECTIC SCHOOL.

A brief glance over the history of the Eclectic School of Practice, will not be out of place. We have really had no Silurian or fossiliferous period, apart from other schools. Doctor Wooster Beach had no sooner began his illustrious career as a Medical Reformer, than he established a college in the city of New York to teach his doctrines in connection with medical science generally. The accident of being without an incorporating act, does not in any way tell against him. Every State Legislature used to make its medical committees men who were certain to smother every proposition to charter a heterodox institution. In 1830 a medical department was established in the college at Worthington, in Ohio, and at the instance of Bishop Chase, Doctor Beach and his colleagues were invited to transfer their enterprise to the new institution. Professors Thomas V. Morrow, I. G. Jones and others accordingly removed thither, and for twelve years maintained a course of medical instruction which was fully equal to the demands and condition of that period.

Meanwhile, the practitioners of the New School began the formation of societies. The Reformed Medical Society of the United States was organized in 1830 under the auspices of Doctor Beach. Afterward, a reorganization was had, the declared object of which was "the promotion of the cause of Scientific Medical Reform."

Thus the New School of Practice always put liberal instruction at the front. Their Old-School adversaries all the while did what could be done to prevent the imparting of such instruction. At the same time, with characteristic malignity, they were diligent in asserting that all the Reformed practitioners were ignorant. If one of their own num-

ber united with the New School, he was on the instant proclaimed to be a man of inferior skill and learning. Happily, the Reformers of this period were men of stamina. They were able to meet their adversaries in the intrenchments of the latter; and State by State repealed the infamous statutes which made "irregular practice," however skilful, a crime and misdemeanor.

A mob having compelled the closing of the medical department at Worthington, Professor Morrow and his heroic fellow-laborers opened "The Reform Medical School," at Cincinnati. This was in 1842; and three years later an act of the Legislature of Ohio incorporated the Eclectic Medical Institute—from which period we have had "a local habitation and a name." It was a proud event in our history. We needed men of energy, patience, firm resolution, and diversified mental resources; and the men who had embarked in this enterprise possessed all these. The parent school has passed through many storms, and been in mortal peril more than once, but it has gone through all in triumph.

We cannot praise too highly that original Faculty of the Eclectic Medical Institute. They expended \$19,000 and endured severe pecuniary privation, in order to procure a site, erect a building, and furnish the necessary apparatus; and this in order to give the Eclectic cause a permanent foothold in this country, to afford the proper educational facilities, and to make sure of at least one medical college which did not succumb to medical despotism, and in which the abominable custom of denouncing men because of their opinions did not prevail.

At the Eclectic Medical Institute, women were first admitted to medical study. Elizabeth Blackwell, after many a bootless application, asked and obtained admission to attend lectures here. Immediately, the Geneva Medical College consented to receive her. Doubtless it was politic, as second-rate persons consider it, for her to do as she did; and she certainly had the right. Yet when I hear of language uttered by her or other women pursuing the medical calling, in disparagement of Eclectics, I feel that they are unjust and ungrateful to their earliest and truest friends. If it had not been for the Eclectic Medical

Institute, I do not believe that we would to-day have a woman an educated practitioner of medicine in the United States.

The establishment of the Eclectic Medical Institute, and the ability of the men in it, seem to have created alarm in the ranks of their adversaries. Their legislative fortifications had been all battered down, and they were driven to further endeavor. Accordingly the American Medical Association was organized in 1847 as a new line of circumvallation. The Code, full of every barbarity that it could be made to hold, was framed on purpose chiefly to exclude Eclectics from every opportunity before the people and with the Government—as well as to enable a monopoly of the name *regular*.

As soon as the College enterprise was well under way, the purpose was conceived to give the Eclectic physicians also a national status. A call was circulated early in 1848, to which were appended such names as Wooster Beach, Thomas V. Morrow, I. G. Jones, L. E. Jones, John King, J. R. Buchanan, Orin Davis and others; and on the 25th of May, almost forty years ago, a convention assembled at the hall of the Eclectic Medical Institute, at Cincinnati, and organized the National Eclectic Medical Association. The call under which this took place was a noteworthy declaration of purposes. Not merely reform, but higher instruction was the avowed object, "Our professional friends"—so it reads—"by the wisdom of their counsel in regard to measures that will assure the achievement of important results, and contribute to the elevating of the practice of medicine from its present low, unscientific and otherwise objectionable state, to a learned and beneficial profession."

I have often found reason to believe that the chief reason for the malice of other schools toward Eclectics was to be attributed to this lofty purpose, which was a standing reproach to *them*. We have had colleges since that of lower aim, but hostility is less often directed against them.

The first President of the National Association was Professor Morrow; the first Secretary, our Lion, Professor John King.

The untimely death of Professor Morrow was a severe blow to the Eclectic

School of Practice. The institution at Cincinnati received the full force of the shock, and did not recover so as to assure its stability for many years. Other colleges were started elsewhere, many of them decidedly inferior in tone and character. The well-wishers of the Eclectic cause were alarmed, and attempted to stay the evil. Most of the enterprises had little support, and ceased to exist. One, however, managed to hold on, till it had acquired an ill reputation which evil-minded individuals have endeavored to extend over the whole body. A journal in Philadelphia, working for pay under the auspices of the Old School, made itself infamous by its treacherous endeavor to implicate all the Eclectics in the misdeeds of John Buchanan.

Diploma-selling is disreputable, and under some circumstances, infamous. It did not, however, originate with the Eclectic College of Philadelphia. It was a thriving business of Old-School Colleges, long before an Eclectic school was organized or John Buchanan born. It goes on now in a large number of those institutions. In Great Britain and Europe it has been carried on for more than 200 years. The furor which has been created during the past few years was little else than the pot calling the kettle black. John Buchanan may have been justly punished; not for crime, however, but for poaching on the Old-School preserves.

After the death of Professor Morrow, the National Association had a precarious existence. The very President who succeeded him declined to take part in its meeting, but advised its disbanding altogether.

It continued, however, and annual meetings were held at Pittsburgh, Rochester, Philadelphia, Worcester, New York, and Cincinnati till 1857, when the members parted to meet no more. The numbers of Eclectic practitioners had increased from hundreds to thousands; the ephemeral colleges had perished, leaving the field to the better-conducted institutions; but the interest in the maintaining of organizations died out. There had been many State and local societies, several of which now ceased to hold meetings.

The truth undoubtedly was that the outside conflict had been virtually suspended. The penal laws were repealed,

and the Code of Ethics in many districts was a dead letter. The people at large care little for the bickerings and intrigues of physicians, but are in favor of the broadest liberty for practitioners, only holding them accountable for blunders and malpractice. This would be the case to-day in every State of the Union if the people had it to decide.

Easy times relaxed the bonds of union, and our organization languished. This lack of interest proved a sad mistake. The civil war broke out in 1861, and when Eclectics offered their services to the Government, they were contemptuously refused by the Old-School Examining Boards. The medical service of the Northern Army was one uniform course of partisan proscriptions. Many of the accepted surgeons, however, were raw from college.

THE ECLECTIC REVIVAL.

After the restoration of peace, a disposition was manifest to be in readiness for future emergencies. Eclectics began to organize anew, and presently new medical colleges were established at New York, Chicago, and St. Louis. The formation of a National organization was also discussed. Finally, in 1870, the officers of twelve State Societies and two Colleges called a convention, which met at Chicago on the 27th of September. The National Association was again organized, of which this is the fifteenth annual meeting; or, if we regard it as the continuation of the former body, it is the twenty-third.

Of the 102 members who united with it in 1870, but twenty-three are now on the roll. Death has been busy; but very many, either by reason of advanced age or loss of interest, have suffered their membership to lapse. Our present number, exceeding 350, is thus principally from "young blood." Among the young men coming in since 1870, are Treasurer Anton, Professors King, Howe, Scudder, Pitzer, Yonkin, ex-Presidents Green, Miles, Latta, Ingalls, and many others too numerous to name. We cordially welcome them all, and more like them.

We shall to-day hear from the representatives of the different States in regard to the condition and prospects of the cause in their several districts. I hope it will be full and candid. We gain little

and often lose much by depending upon deceptive accounts. The third Napoleon lost his Empire because he ventured upon a war, depending on the reports and statistics of the officers of his War Department, which hid the actual facts.

The general indications, however, are that the Eclectic organizations have more than held their own through the country. In the Central States the least increase is to be noticed. The meetings are less attended year by year. This ought not to be. We hold our own in New England, but the members there do not increase. There is little change noticeable in the valley of the Mississippi, but a steady increase of members. Our colleges in six States are annually adding to our practitioners there, and some of the new men—too few, I must say—are prompt to unite with medical societies. I have no direct information from our Westernmost States. This is to be regretted. We do not want our brethren beyond the Rocky Mountains to consider this as a world apart.

The fortunes of this Association have been varied. A great deal of chaff has been winnowed out, and we now rest on a better-assured foundation. We have held our meetings regularly, taking turns year by year at New York, Columbus, Indianapolis, Boston, Springfield, Washington, Pittsburgh, Detroit, Cleveland, Chicago, St. Louis, New Haven, Topeka, Cincinnati, and now at Altoona, in the heart of the mountains of Pennsylvania.

We have to report a steady increase of prosperity for the Eclectic School of Practice. There are auxiliary State Societies in 25 States, Texas and Tennessee being now on our roll. Eight or more States have local Societies, generally efficient and well organized. Our strength depends virtually upon these bodies, and I plead earnestly for their increase elsewhere. They keep us together in fraternal relations, and widen our knowledge and sphere of usefulness. The practitioners are thus afforded opportunity to meet and compare notes. This is a privilege that cannot be prized too highly. We really acquire our art and the knowledge of our profession in our several districts of labor after having left college.

I rejoice, however, at the increased efficiency of our organizations in the

South. The college at Atlanta, though still young and struggling, is doing excellent work in the way of filling that region with Eclectics. A journal ably conducted and five State Societies attest its influence. We are steadily gaining ground as a result. It used to be the fashion to speak of the prairie fires at the West; but they are now outdone by the Eclectic Earthquake which is shaking up Old Physic and exciting general terror at the South. If the movement there goes on at the present rate, that will be the focus of our School of Practice, instead of the Valley of the Upper Mississippi; and the efforts of the Southern Eclectics will accomplish our redemption from Allopathic despotism. Before long this National Association will meet them, and will then witness an enthusiasm and activity that will fill us with gladness and exultation.

THE WORK BEFORE US.

The present Constitution and By-Laws have been in successful operation eight years. In that time we have doubled our numbers and increased our efficiency. Ten State Societies have come into existence. We are generally stronger and, I trust, more fraternal and harmonious. The *Annual Transactions* are increasing in dimensions and improving in quality; which shows greater diligence and more professional enterprise among us. With so good a record for the last seven years, it is manifestly our true policy to continue the present order of things. The system of representation gives every State a fair opportunity to contribute its quota to our membership, from their own members, of men known by them to be worthy and desirable, whom we can welcome into our number without hesitation or reserve.

While, therefore, I deprecate any material change in our fundamental law, I nevertheless approve heartily of the amendments recommended by my predecessor and duly reported by the committee to which they were submitted. They will facilitate our business, encourage auxiliary societies to more effort, and confer an honorable acknowledgment upon the veterans who have grown gray in the Eclectic ranks. These are important considerations and will make membership desirable as well as an honor.

JOURNALS AND COLLEGES.

There are now eleven medical journals that distinctly champion the Eclectic Practice. Most of them are well supported, and the newer ones deserve the same favor with the old. We will have better literature if we bestow upon it proper assistance and patronage. Let everyone report an important case to a journal and we shall soon have each publication invaluable to its readers. Our future as a School of Practice is vitally dependent on our literature and organization.

The number of colleges now recognized by this Association is seven, besides two applicants and medical departments in two State Universities. This matter of recognition should be judiciously exercised, with a careful purpose to do no injustice, gratify no pique or rivalry, and with conscientious regard to the general welfare and to the rights of individuals. The National Bureau of Education, and State Boards of Health have regarded our action as conclusive in the way of indicating their course in respect to Eclectic institutions.

The multiplying of these institutions beyond the needs of the public is greatly to be deprecated. It creates a temptation to resort to very objectional expedients in order to meet the expenses. Probably the unwarrantable facility in procuring diplomas, which seems to be a general stigma upon medical colleges in the Old as well as the New World, has grown from this source. Nevertheless, there is another side to this question. It is not our prerogative to dictate how private enterprise shall be employed. If a college has a proper curriculum, a reasonable term of study and a just standard of attainment as its inflexible condition for graduation, there is no other right and honorable course for us than to recognize it. Institutions properly conducted will do us no serious injury, however numerous they may be. The number of colleges will exert a powerful influence to the increasing of the number of students, and thereby of Eclectic practitioners. There are not enough of these to supply the demand. We want twice as many at this very time, but they must be of the right kind.

At the present time there is a disposition among Eclectic practitioners, especially in the older States, to send their

sons as students to Old-School colleges. They seem to dread the possibility that the young men should have to fight their way against odds, as they did themselves. There are likewise social considerations. Perhaps, too, the young men have not the moral stamina required for Eclectics. Justice to our cause and honest regard for our principles dictate that we do our utmost to strengthen our ranks. The hope of our future is from the results, and with that future are bound up the best interests of the entire medical profession.

DISCIPLINE.

My worthy and sagacious predecessor made several significant utterances in regard to discipline, which I desire to repeat. "We are not here as an organized tribunal," he said, "to doom to an irrevocable fate, nor to gratify the wrath of individuals, but for the good of all, and for the honor of that profession which should be guarded with charity and discretion." Accordingly he made these eminently wise and most excellent suggestions: "It is probable," says he, "that in our haste we are inclined to expel, when an official censure would be the best course, and thus give reprieve. Again," he asks, "when a member is expelled, is there no way for him to return?"

I would heartily reply to President Younkin that our doors should be wide open for every one who is in cordial sympathy with us, and disposed to abide in fraternal comity, even though he may have happened at a former period to fall under our disapprobation. To let by-gones be by-gones, when all now is right and on the square, is proper and wholesome. We have no malice to gratify, but our object is to live in charity toward all.

We cannot easily define the boundaries between actions to be approved or disapproved. We gain more by kindness than by severity. To have much disciplining of members operates badly for us and them. There is an old maxim which we should study well: that it is better to suffer wrong than to do wrong. We are Eclectic, and therefore liberal, and shall by no means leaven of the Old School, and therefore be saturated with the bigoted and intolerant. Most of the matters to which we object would

be corrected without scandal or unpleasant feeling, if the supposed offender should be admonished as a friend and not assailed as an adversary.

At the same time I appeal to the Committee on Credentials to scrutinize diligently the cases of the several candidates for Permanent Membership, in order to keep out individuals that are not desirable, and so to exempt the Association from the annoyance and difficulty incident to the case of unworthy members.

In conclusion, may our deliberations be harmonious and profitable, so that all will receive benefit from them and become encouraged to double their efforts in future for the great cause in which we are all enlisted. It has often been said that medical gatherings are chiefly valuable for the social feeling which they cultivate, but are of little account in a scientific way. We must reverse this, and devote ourselves to direct, systematic labor for the advancement of our Art. The success of this Association is vital to the freedom of American institutions. We are making history for Eclectic Medicine, and what we do here will tell on our future with a tremendous significance. Let us labor faithfully to the end, that our organization shall be *national* in the full sense of the word, and the beacon of hope for the unfortunate and afflicted of all nations.

The Tobacco Question.

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The April number of *The Medical and Surgical Reporter*, Philadelphia, Pa., under the head of a "Resume of the Tobacco Question," discusses in an interesting and instructive manner the general subject of the use of tobacco. The extent to which tobacco is now in common use, and the varied opinions as to its effects upon snuffers, chewers, and smokers, together with the fact that millions of dollars are employed in its culture, manufacture, and traffic, justify a further notice of it. Taking the above-named communication as a text, we may remark that on no other habit of mankind are there so many conflicting theories entertained.

Were we to take the naked denuncia-

tions and the wholesale onslaughts of its enemies against all who are addicted to the use of tobacco as sound arguments, the conclusion would be irresistible that it is the most useless, offensive, and injurious habit of all the pernicious ones indulged in. For instance, the following maladies are among some of the bad effects attributed to its use: Goitre, scirrhus of the pancreas and of the pylorus, cancer of lip and tongue, dyspepsia, cardialgia, organic disease of the heart, defective nutrition, anæmia, depravity of the secretions, acne, gum-boils, ulceration of larynx, predisposition to phthisis, diarrhoea, constipation, jaundice, swelling of feet, hoarseness, night-mare, enervation, hysteria, vertigo, melancholy, apoplexy, paralysis, mania, softening of the brain, early senility, imbecility, epilepsy, cowardice, emasculation, obesity, emaciation, deafness, amaurosis, etc., etc. No wonder that an old writer, who subscribed to the foregoing as so many *facts*, should denounce the use of it as "hellish, damned, and devilish," believing that it "exsiccates the windpipe, lungs, and liver; and *annoys the mill and scorches the heart*." Among its violent opposers, in the early part of the seventeenth century, was no less a personage than King James, who denounced smoking "as a perpetual, stinking torment, the black fumes resembling the Stygian smoke of the bottomless pit; a custom loathsome to the eye, hateful to the nose, harmful to the brain, and dangerous to the lungs." The Popes Urban VIII and Innocent XI. fulminated the thunders of the church against all chewers, smokers, and snuffers; the priests and sultans of Turkey declared smoking a crime, and Sultan Amuret went so far in his prejudice as to decree that the users of it should be put to the most cruel kinds of death. But the anathemas and decrees were all in vain. Tobacco has traversed the globe, circumnavigating every continent, touching at every island, and planting on every shore the standard of a conqueror. It sways its sceptre over a greater empire than Alexander or Napoleon ever saw in their rosiest dreams.

Writers generally agree in referring the origin of tobacco to the Western Hemisphere, regarding it as a native plant of the warm parts of America. Columbus found it to be in very general

use in the West Indies—it being smoked by the natives after making it into cylindrical rolls, wrapped in maize-leaves. As is well known, among all Indian tribes it has a religious use, being connected with their worship and with all their important transactions. The calumet, or pipe of peace, is always brought into requisition in ratifying a treaty or in cementing the bonds of friendship. The smoke of tobacco ascending to heaven has all the sacredness and significance to an Indian that the odors of the censer, which perfumes the cathedral altar, has to a devout Catholic worshipper.

Though we have no trustworthy authority to believe that its introduction into Europe antedates the discovery of America, yet Meyen, in his *Geography of Plants*, says that the smoking of tobacco must be of great antiquity among the Chinese, inasmuch as on very old sculptures he had observed the same kind of tobacco pipes which are now used. But we have no good ethnological argument in favor of the idea that tobacco was in general use in Asia prior to its introduction into European countries. Although it did not become prevalent in the remote Eastern nations till the seventeenth century, it is a singular fact that the Turks and Persians are to-day the most incessant and extravagant smokers in the world. In India all classes and both sexes smoke; and in China the practice is so widespread that girls in their eighth year wear as an appendage to their dresses a small silken pocket in which to carry their tobacco and pipes.

But what is tobacco? To the eye it bears a likeness to a small sun-flower plant, save that it has small blue blossoms, instead of the large, yellow ones of the other. Commercially it is an article of great importance. Financially it is an enormous tax upon the pockets of the nations and individuals. Socially it forms a bond of brotherhood among one class of the community, and to the rest it borders on a nuisance. Chemically it is composed of the ordinary elements, except that every part of the plant contains a peculiar principle, to which the odor, taste, and effects are owing, and to which the name of *nicotine* has been given. In regard to tobacco as a remedial agent, it is classified as a "nerv-

ous sedative." In the *materia medica* it ranks with those medicines usually called narcotic. Quotations in great abundance from medical works could be made to show that tobacco is a poison. Still our business is not so much with tobacco as medicine as with the tobacco habits of the day.

On the question of the effects of tobacco on the human system when used as a luxury, the opposers hold that its very nature proves it to be injurious. Its narcotic properties, and the fact that it sometimes operates as an emetic when swallowed by those not accustomed to its use, and the death-like sickness experienced by many in their initial use of it, are referred to as reasons for belief in its injurious effects. But it must be confessed that most diligent investigation and inquiries fail to show that it is the deadly enemy of mankind which its enemies claim it to be. Beyond some exceptional instances of tobacco poisoning, and a few cases of insanity and loss of eye-sight, and an occasional nervous excitability, the number of bad effects is exceedingly small. "No doubt the use of tobacco may be associated with almost any known malady," says the writer of the article which forms our text; "and it is assigned as the cause. Coincidences are thus often taken for causes." As to the insanity argument, asylum reports are against it. In Bloomingdale Hospital, of the 186 inmates, only one case is referred to *opium* (?) and tobacco. The 1883 report of the Massachusetts State Lunatic Asylum says one out of the 164 was thought to be due to excessive smoking. In the Pennsylvania Insane Hospital, the 3,058 cases only show six to be connected with the excessive use of the weed.

On the general question of tobacco poisoning, this is to be noted, that the bad effects are very transitory—the poison, if poison it be, always finding a ready exit from the body. The system soon adapts itself to the use of tobacco, and thenceforward distressing symptoms are no longer experienced; and the habit of chewing or smoking is only prejudicial when carried to excess. The tobacco user, like the consumer of tea and coffee, feels the power of his drug in his whole being. His nervous system has become accustomed to its effect, just as the consumers of tea or coffee have become

habituated to theirs; and he craves his quid or cigar on physiological grounds as solid as theirs. With all that has been said to the contrary, it is undeniably true that very many chewers and smokers attain to remarkable longevity, thus proving that tobacco must be one of the inoperative kind of poisons. A late analysis has reduced the presence of *nicotine*, about which so much nonsense has been written, to the proportion of one-tenth of one per cent. If a poison, and so deleterious in its effects, why or how is it that some chewers and smokers, away up in the seventies and even eighties have swallowed the saliva for forty and fifty years? The writer was well acquainted with a case in point. A man in the south-east of Somerset County, Pa., who died in his eighty-second year, began to chew and swallow the juice of tobacco when but fourteen years old, and continued the habit up to the time of his decease. The uniform good health of sailors, who, with few exceptions, use it to excess, is not in proof of the idea that it is an injurious habit. Even its excessive use is associated with both mental and physical superiority in thousands of cases.

The arguments, or invectives, rather, against it on the ground of filthiness are to be received with many grains of allowance. A man naturally filthy—one whose instincts are of a low order—is necessarily a filthy man, tobacco or no tobacco. Some fanatical press and pulpit utterances could be used to "hoist their authors with their own petards." Some of them, whose stock-in-trade seems to be a superabundance of gall in their denunciations of the filthy tobacco smokers and chewers, disgust all decent people by their own filthy appearances and disgusting habits—particularly at the table.

The intemperate crusade against tobacco has never lessened its use—indeed, never will. In the face of the fierce warfare against it, its users multiply with every new crop. Its extensive use may be gathered from the fact that all grocery stores, and all drug establishments, as well as the numberless tobacco stores, find it to be a highly remunerative article of commerce. Its users in some form or other are found among all classes and professions. Medical men, judges, lawyers, ministers, and

scientists, following in the footsteps of Goldsmith, Johnson, Milton, Addison, Swift, Burns, Charles Lamb, Carlyle and hosts of other distinguished literary men, smoke, chew or snuff. In the professions, a late writer says that the overwhelming majority are addicted to the use of tobacco; that more than half of the ministers, three-fourths of all physicians, and nine-tenths of the legal fraternity use it in some form, and many in all its forms.

While it may be considered a needless self-indulgence, and a positive injury to the young and some persons of delicate constitutions, it is certainly not the destroyer of either happiness, health, or life that fanatics say it is. According to their showing, if half what they say about it were true, it is only such as they who ever amount to anything intellectually or physically. They, the anti-smokers and chewers, alone possess vigorous minds, clear intellects and robust health, and live long in this world. Facts, however, preponderating on the other side of the question, confront them in every direction.

Inquiry has resulted in demonstrating that workmen in tobacco factories enjoy about as good health and live as long as any other class of operatives. In the *Lancet*, London, Dr. Richardson says: "As a luxury tobacco is one of the least harmful. It is innoxious compared with alcohol, and is not more harmful than tea, less so than sugar, and is antidotal to gluttony; and is a remedy in certain cases for evils that lie deeper than its own." Sir Benjamin Brodie, though opposed to its use, says: "A disposition to use it, so universal, must be regarded as an instinct, and that there is good reason to believe that within certain limits the indulgence is useful. The desire for a stimulant of this kind is so general that it would seem there is actually a need for it." Edward Curtis (Johnson's *Cyclopedia*, article: Tobacco, *Physiological Relations* of), after stating that to young persons, under twenty-five years or so, tobacco should be considered generally harmful, further says: "An enormous number of persons can and do use tobacco not only without any apparent present disturbance of health, but with maintenance of as full physical and intellectual vigor, freedom from sickness, and longevity, as are

found with non-consumers. To say that such individuals, did they abstain, would be still more hearty or long-lived, is to assert that which obviously can be neither proved nor disproved." Dr. Pareira, in his *Materia Medica*, states that he is unacquainted with any well-determined ill effects from the practice of smoking; and Christison speaks of it "as a luxury used all the world over without any bad effects having been clearly traced to it." Dr. Parke, author of Parke's *Manual of Practical Hygiene*, says he has "searched in vain for any satisfactory evidence of its harmful effects."

Its judicious, i. e., its moderate or temperate use, has in many instances proved highly beneficial. Smoking often facilitates digestion. The sense of relief after a heavy meal afforded by a cigar or pipe, is well known to smokers. Dyspepsia has followed the discontinuance of the use of tobacco, and been removed on the resumption of the habit. Both Hammond and Fiske gained in flesh by its use. It enables men to endure hard labor and undergo severe mental and physical fatigue. Napoleon was not the only general that believed in supplying troops with plenty of tobacco. Ask the veterans of the late war the good it did them when on picket duty, and when performing dangerous and laborious work, and you will find them uniform in giving favorable testimony to its exhilarating, strengthening, sustaining, supporting, inspiring and comforting effects. And yet there are cranks who say its effects are bad and only bad. Because General Grant has been a smoker they at once jump at the conclusion that smoking produced the cancer. But unfortunately for them, the recorded cases of cancer of lip and tongue show that most all of their victims never used tobacco in any form. But what care cranks for facts when opposed to their theories?

Finally, in view of its favored social and physical influences, the facts bearing on the tobacco question are convincing and conclusive, that, when tobacco is craved by the *mature* man actively engaged in the conflicts of life, to whom its characteristic properties are peculiarly grateful and often useful, it can safely be indulged in. So far removed from the idea of a curse is it, that it

should not be forgotten when we recount the many blessings of mankind. But in connection with this topic, it is proper to bear in mind the fact that to indulge in an *excess* which, for the individual, is injurious, is both easy and tempting, and, as a matter of fact, is an exceedingly common habit. The question we submit for the consideration of those who may favor or oppose the use of tobacco, and who, after reading this article, shall feel, as many may, that the subject ought to be more fully examined before they finally settle it in regard to what is lawful and best in their own case. To this investigation we leave them, not only hoping that they will reach the right result in theory, but wishing them great success in forming their lives to their logic.

Cholera Infantum.

BY

JOHN W. FYFE, M. D.,
SAUGATUCK, CONN.

It would seem that physicians in native practice might materially aid each other if they would more generally write for their medical journals; not long articles on subjects which can be better studied from books, but short terse articles, detailing the various methods of treatment of the diseased conditions and injuries with which we have daily to contend.

Man is a forgetful animal at best, and when the average doctor is fully sized up he don't amount to very much more than a man. Hence it is very important that he should do a considerable amount of rehearsing in order to keep his practical knowledge well in hand. He may think he knows just how to treat a given case successfully, but in reading over the treatment of such diseases as croup, scarlet fever, diphtheria, erysipelas, dyspepsia, diarrhoea, dysentery, cholera infantum, etc., as given by half of a dozen other physicians, it would be somewhat surprising if he did not get some point whereby his own treatment could be made still more successful.

Speaking of cholera infantum reminds me that the time for this fell destroyer of the little innocents is at hand, and that last year I treated a large number of cases of this disease without any deaths, although I lost one case the year before.

In cholera infantum, as well as in

other diseases, I have found Eclectic direct medication the most successful form of treatment. The number of remedies used was not large, but they were all administered in accordance with their specific indications. Aconite was the sedative in nearly all of the cases, and Ipecac was generally combined with it. Sulphate of Quinia, in the proportion of twenty grains to a tablespoonful of lard, was rubbed over the abdomen once or twice a day. When the feet and hands were cold and the skin and mucous membranes were pallid, Nux Vomica seemed indispensable. Of course it was given in very small doses; one or two drops of tinc. $\frac{1}{2}$ added to four ounces of water, and a teaspoonful administered every thirty minutes to an hour. Some of the little patients were very restless, starting from sleep in a frightened manner, but Rhus-toxicodendron invariably removed this unpleasant condition. One little girl was constantly rolling her head from one side to the other, sleepless and moaning. Her eyes looked very bright, the pupils were contracted, her cheeks were flushed and hot. She was given Gelsemium, and during the night had several hours of quiet and refreshing sleep. On my first visit to another little sufferer—a boy—I found him in a partial stupor; his eyes were rolled back, eye-lids half closed, and it was with difficulty that his mouth could be opened. The prescriptions were:

℞. Aconitum, Tinc., $\frac{N}{7}$, - - - gtt. iij
Ipecacuanha, Tinc., $\frac{N}{1}$, - - - gtt. v
Belladonna, Tinc., $\frac{N}{1}$, - - - gtt. x
Aqua, - - - - - $\frac{3}{4}$ iv

M. Sig.—Teaspoonful every ten minutes.

℞. Aconitum, Tinc., $\frac{N}{7}$, - - - 3 ij
Aqua, - - - - - - - Oss

M. Sig.—Wet the top and front of the head every ten minutes.

In less than an hour the little fellow was nursing vigorously. The same prescriptions were continued at longer intervals, and the patient made a good recovery.

The majority of the cases did well on the remedies named, but occasionally one was benefited by a laxative, and a few called for astringents, when Geranium Maculatum, tinc. $\frac{N}{7}$, was found to fill the indication. A trituration of Podophyllin, one to one hundred, did good service on a few occasions.

Hamamelis Virginica.

BY

A. W. BIXBY, M. D.,

WATSONVILLE, CAL.

This is a therapeutic agent which possesses a singular capacity to accomplish desirable results in a wider range of application, *i. e.*, in a singularity of conditions, in a wide range of localities, and developed concurrently with many differently named diseases.

Its special affinity is for mucous and cellular tissues. When said tissues become devitalized, engorged, and hypertrophied, this agent acts specifically in causing their restoration. From the uniform results obtained in certain circulatory lesions, we conclude that this agent imparts to or arouses energy of a more or less permanent character of the vaso-motor nerves.

Just how or through what special channel Hamamelis performs its work of restoration, is somewhat difficult of solution; but probably by energizing the entire sympathetic ganglia. It is avowed by scientists, that solar heat is an essential agent, directly or indirectly, in energizing all organic germs, that they may develop and maintain their growth. Perchance, no one, philosopher or scientist, can satisfactorily explain just *how* this silent, subtle agent performs its most potent work; yet it essentially is incontrovertible. In all such cases, the ultimatum of explanation can only be, "It is a result innate in creation."

So it may well be said of Hamamelis in the world of therapeutics; while we may not be able to explain its exact *modus operandi*, the experimental and critical observer has no difficulty in demonstrating most brilliant results in its rectifying certain morbid conditions of the human economy.

Hamamelis is a splendid remedy in all chronic diseases of mucous membranes characterized by enfeebled circulation of the affected part, capillary and venous congestion, and mucous or mucopurulent discharge. It is of small importance as to the locality of the morbidity, so the diagnosis has been made with definiteness as to the pathological condition. It may be situated in the nasal cavity, mouth, pharynx, larynx, bronchi, stomach, intestinal tract, vagina

or uterus. Hamamelis will be the most important agent in effecting a permanent restoration.

UTERINE HEMORRHAGE.—In a practice extending over several years, I have seldom used any agent save that of Hamamelis for the controlment of uterine hemorrhage—used no other because this agent has *proved* to be a sovereign remedy therefor, its effect many times being marvellous. It matters little whether the uterine flux is a catamenial menorrhagia, or is the *sequela* of abortion or miscarriage, or parturition, the same prompt, desirable result ensues upon its administration. I always administer it at the conclusion of labor—have done so in about two hundred cases. It never fails to prevent any undue flow. My faith in it is so positive that I say to my patient: "This will prevent any serious or fatal flow." I have given it in several cases of profuse flooding resulting from abortion or miscarriage. The effect has been prompt and decisive, and the control of the hemorrhage certain in every case. I consider it superior and preferable to ergot in all such cases—very much so, because:

1. It is much pleasanter to the taste.
2. It gives a feeling of tonicity and strength to the entire system.
3. It not only does not aggravate uterine contractions and the consequent pains, but it antagonizes such contractions and pains.
4. It is more certain and positive in its action.

IN TYPHOID FEVER.—In epistaxis and hemorrhage from the stomach or bowels during a course of typhoid fever, Hamamelis is a splendid remedy. It is also excellent in controlling a severe or profuse diarrhoea in such cases.

VARICOSE VEINS.—Used internally, perhaps also locally, in said conditions, much benefit will be derived therefrom. If œdema exist in connection with varicose veins or ulcers, apocynum cannabinum should be associated with the Hamamelis:

℞. Hamamelis, sp. tinct., - - 3j
 Apocynum, sp. tinc., - - 3ij
 Aquæ dest., q. s., - - 3ij

M. Sig.: Teaspoonful every three or four hours.

HEMORRHOIDS.—In hemorrhoids, even of long standing, much benefit will be

obtained by the use of Hamamelis, and often a permanent cure effected by it alone. In most cases, if united with small doses of nux vomica, the result will be more certain and satisfactory. In bad cases, I use in addition to the internal medication spoken of the following ointment:

℞. Cosmolini, - - - 3j
Morphiæ acet, - - - gr. xx
Acidi tannici, - - - 3j

M. Sig.: Apply to the affected part two or three times a day.

Keep the bowels soluble with some mild aperient. If this treatment fail, I believe surgical means, so called, must be resorted to in order to effect a permanent cure.

IN FEMALE TROUBLES.—In chronic metritis, cervicitis, ovaritis, and vaginitis, the organs and tissues being engorged, pelvic tissues in general partaking of this capillary congestion, and the abdomen being flabby and pendulous, I find Hamamelis a special remedy, rapid improvement following its administration.

Dose.—I administer 15 to 30 minims every three or four hours in chronic cases; in acute cases or hemorrhage, 30 to 60 minims at short intervals till the condition is controlled, then at longer intervals, as required. Formerly I used the ordinary fluid extract, which is of a dark color and makes a dirty-looking mixture, and is not very pleasant to the taste. I now use a colorless fluid invariably, which is aromatic and pleasant to the taste. I select Thorp and Lloyd's specific tincture, or the distilled extract. I claim that a physician's success depends as much upon the character of the preparations selected as upon the name of the drug from which it is manufactured. Hence I select with great care.

Short-hand Treatment of Diphtheria.

BY

J. R. BORLAND, M. D.,
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Although diphtheria is usually preceded by, or accompanied with, marked inflammatory action, it is not always the case; but, on the contrary, the gravest cases present but little, if any, inflammatory features. Therefore, it is well,

when prescribing a treatment, to differentiate its two typical forms as, first, *Sthenic*, in which we find considerable fever, inflammatory action, and marked constitutional disturbance; and second, *Asthenic*, or adynamic, in which there is no fever, but little or no inflammatory action, and but apparently slight constitutional deviations at first, but all the vital energies seem to be obtruded.

In the first form the progress of the disease is rapid, as might be inferred; in the second, more slow, but, if not properly treated, none the less fatal.

The chief diagnostic characteristic of both is the exudation and formation of *diphtheritic membrane* upon the tonsils and uvula, which often extends into the nares and produces so much inflammation of the schneiderian membrane as to plug up the nostrils, from which is discharged an acrid, foetid matter, the odor of which is characteristic, and once experienced need never be mistaken.

The treatment must be adapted to the conditions—to meet the indications. A hap-hazard, thoughtless, ill-chosen one will bring disappointment to all concerned. It should be *well chosen* as well as *prompt*—none of the “go-as-you-please” kind—and parents and nurses should be made to understand the need of carrying out their part of the treatment “to the very letter.”

We must direct our treatment upon the principle that *diphtheria is produced by a specific poison*, which permeates all parts of the system, its local manifestations presenting earlier in the throat than elsewhere. It is more likely to be confounded with, or mistaken for, tonsillitis than any other ailment.

TREATMENT OF STHENIC FORM.

No. 1. ℞. Aconiti, specific.
Veratri vir., Norr-wood's Tr., - aa. gtt x.
Ext. Jaborandi fluid, 3ij.
Aqua, - - - 3iv.

M. Sig. Give a teaspoonful, to a child 10 or 12 years old, every two hours, until fever is reduced and diaphoresis established, then every four hours.

No. 2. ℞. Tr. Phytolacæ, specific, - 3ss.
Tr. Baptisæ, specific, 3j.
Tr. Calandulæ, - 3ij.
Aqua, - - - 3iv.

M. Sig. Give a teaspoonful every four hours, alternating with No. 1, and to promote still further antizymotic action, add a teaspoonful of acid nitro-mur. comp. (white liquid physic) to a goblet of water, to be used *ad libitum* as a cooling and grateful drink.

Endless are the local applications that have been recommended and used; but the best are the following, and are highly endorsed by my friend, Dr. Alexander Thompson, of Meadville, although he uses them stronger than I do:

No. 3. $\mathcal{R}$. Chloral hydrate, - 3 j.
Glycerinæ, - - 3 iij.

M. Sig. Apply to throat with hair pencil every two to four hours; touch the diseased parts thoroughly, *but not roughly*.

No. 4. $\mathcal{R}$. Tr Ferri Persulphatis. 3 j.
Glycerinæ, - - 3 iij.

M. Sig. Apply in alternation with No. 3.

Boro-glyceride is highly recommended in five per. cent solution, and is certainly worthy of a trial.

After the fever subsides, No. 1 may be dropped and the following given.

No. 5. $\mathcal{R}$. Potas. chloratis. - 3 j.
Hydrastis. - - 3 ss.
Sanguinariae. - - 3 iij.
Caryophylli. - - 3 ij.

M. Sig. Add a teaspoonful to a teacup, two thirds full of hot water, sweeten and add 1 or 2 tablespoonfuls of good vinegar. Give a teaspoonful or two in alternation with No. 2. in mild cases, or those some call diphtheroid. May be used also as a gargle in place of Nos. 3 and 4.

TREATMENT OF ASTHENIC FORM.

This form is attended with but little inflammatory action, and the fever is of the low grade or adynamic type. Hence, depressing remedies, as sedatives, sudorific, etc., cannot be used with advantage, but will positively do harm. Usually, the patient requires a supporting treatment from the first. Aconite may, *sometimes*, be given with advantage, but only for a short time, and in minute doses.

No. 6. $\mathcal{R}$. Ext. Eucalypti fluid. 3 ii.
Tr. Aconiti, spec. gtt. v.
Tr. Phytolacæ, spec. 3 ss.
Aquæ - - 3 iv.

M. Sig. A teaspoonful every two or three times in alternation with No. 5.

In a day or two, drop No. 6, and use No. 7. $\mathcal{R}$. Quinæ sulph. - - 3 ss.
Tr. Ferri chlo. - - 3 iij.
Glycerinæ q. s. - - 3 iv.

M. Sig. Give a teaspoonful in water every three or four hours, in alternation with No. 5. No. 3 and 4 may be applied to the throat as before mentioned.

If the glands become swollen externally, about the best application is,

No. 8. $\mathcal{R}$. Ammonia mur. - - 3 j.
Tr. Phytolacæ, spec. 3 iij.
Vinegar - - -
Aquæ, - aa q. s. ft. Oj.

M. Sig. Saturate flannels with it, and apply quite hot; cover with dry flannel or oil cloth; change often.

Creselene Vapor, applied with Page's vaporizer, is an excellent remedy in nearly all cases, and cannot be too highly estimated. I like it very much.

The instrument is simple, and may be used to generate vapor from other substances, as eucalyptus, sanguinaria, phenol, etc., to supercede the use of gargles and topical applications.

The vapor of sulphurous acid, or sulphuric ether, can be used under nearly all circumstances, and should not be overlooked. It must be borne in mind, that our sheet-anchors in this disease are *eliminants, antiseptics, stimulants, and tonics*. Cathartics are seldom admissible, and it is safer not to use them. If the bowels are not sufficiently open, olive oil in one or two teaspoonful doses, three or four times a day, can be given with perfect safety and has a specific action upon the systemic poison. It acts both as a laxative and an eliminant.

The Scientific Unity of Medicine; or, Homœopathy and Allo- pathy Reconciled *

BY

C. A. F. LINDORME, PH. D., M. D.,

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(Continued from page 228.)

Nowhere, we dare say, does motion form such a striking feature of the processes of life as in cases of inflammation, and for the subject we have here in hand, this is all-important, because "one may assert that it is inflammation, the demonstration of which formed the starting

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point and the final aim of all medical systems and schools which in the course of centuries have dethroned each other."* The nearer pathological conditions border upon surgery, the less doubtful is their dynamic character. In the pathology of the blood, it cannot be in the least doubtful that aneurism and thrombosis are caused by a disturbance of the circulation. But we may not infer from this, that in medicinal cases it be more doubtful whether they depend on motion or not. In surgery, the appearances speak more loudly in favor of it, because the extensive movement is readily accessible to the sensual perception, while the intense or molecular one very often defies recognition except by conclusions in the piercing researches of investigating exploration. Discoveries by physical means and contrivances in persevering observation encroach, however, more and more upon the domain of mere hypothetical suggestion, allowing, at the same time, safer inferences as to the points where, thus far, the microscope would not reach. Thus, Cohnheim bases an extremely sagacious suggestion on the discovery of Koch, that the *contagium bacilli* are less dangerous by direct infection in their developed state, than indirectly in their germinal state, as spores, as which, their aptitude to resist all kinds of disadvantageous conditions of life is far greater than when they are fully developed to those minute staffs, as which they first rendered themselves microscopically suspicious. Consequently, a long time after the disappearance of all contagium, and after all having been done for disinfection that was deemed necessary, burying of infected animals, etc., the *bacilli* in their spores would reappear and begin anew their devastation. Cohnheim infers from this, that, probably, the period of incubation which precedes all infectious diseases, and for which no satisfactory cause could be detected, as well as the diseases themselves, are due to similar parasitic development. He refers to the well known fact that, after the partaking of trichinous meat, the features characteristic of trichinosis, with fever and myelitis, will not appear before a metamorphosis of the trichinae which have entered the system, into recta

trichinae having taken place, out of which a generation of young trichinae are brought forth. Cohnheim goes so far as to call all classification of inflammations according to aetiology, unscientific, their essential character being always the same; they differ only as to the manner in which their dynamical character manifests itself.

There is also negative proof. A subcutaneous division of the tendo-achillis in case of talipes equinus usually will heal readily. But it is sure not to heal at all, when there is no inflammation, and the reason is, that the wound is short of healing motion or dynamical power. Consequently to the operation of tenotomy, the cut ends of the tendon will retract, and it is self-evident that they can never approach again (the different positions the foot is assuming, moreover, separating them still more) and reunite, unless they grow; and this growth is an utter impossibility without the throwing out of plastic material subsequent to inflammation of the capillaries, those distributors of all nourishing and building up matter. Thus motion, stirring substance is indispensable for every healing process. On the other hand, suppose the cut by a scalpel or a sharp-pointed bistoury before introducing the tenotome having been made rather large, and no antiseptic dressing having been applied, and bacteria (not air as was formerly feared) being granted access to the wound, the inflammatory process, which in itself or in its pure form is so salutary, will speedily assume a malignant character and give to the operation a fatal turn.

The first who found by observation and experiment what becomes of work that is spent in friction, was Count Rumford, when engaged in superintending the boring of cannon in the workshop of the military arsenal of Munich, at the end of the last century. At that time, the "caloric theory" was prevailing, according to which, heat would be an "igneous fluid." Count Rumford was the first led to presume that heat is not a particular substance, but a peculiar motion. And his suggestion was confirmed by an experiment of the celebrated chemist, Sir Humphrey Davy, who, by rubbing two pieces of metal together, melted the ice with which they were surrounded, using every precaution

* Cohnheim.

to avoid the influence of radiant heat or other outward disturbance. And in 1812, Davy announced the axiom. "The immediate cause of the phenomenon of heat, then, is motion, and the laws of its communication are precisely the same as the laws of the communication of motion." But all the while, as late as 1840, these ideas were laughed at as extravagancies, when it was made evident that there was a great deal more in the third law of motion of Sir Isaac Newton, "To every action there is always an equal and contrary reaction," than his most fervent admirers had foreseen. It was a physician, Dr. Mayer, "who first raised the idea of the equivalence between heat and mechanical energy to philosophic clearness in his own mind,"* and Professor Tyndall very judiciously remarks: "Those who reflect on vital processes—on the changes which occur in the animal body—and the relation of the forces, involved in food, to muscular force, are led naturally to entertain the idea of inter-dependence between these forces." But Hahnemann was mistaken about it. He calculated that the shaking and triturating of the medicines would hoard up dynamic power, while it is only its transformation which can be produced. "We know that on a dark night, sparks are seen to issue from the break-wheel which is stopping a railway train."†

The more enormous the stoppage of a movement, the more stupendous the heat produced. The earth suddenly brought to a standstill would engender heat to an amount equal to that derived from the combustion of fourteen globes of coal, each equal to the earth in magnitude. But it was a very ingenious suggestion which Hahnemann made in contending, that in every disease "the evil has an immaterial cause, the deeper concealed because its origin is dynamic"‡ And we must join with Hahnemann's further conclusion, "that it cannot be destroyed but by dynamic power."|| But Hahnemann was mistaken about the character of the dynamic power. He endeavored to vindicate for the homœopathic remedies, a spiritual nature, and in this he failed in a rather glorious way.

* Tyndall.

† Stewart, Balfour. *Conservation of Energy*, p. 37.

‡ *Organum*, p. 33.

|| *Ibid.*

For in pointing out the manipulation of twice shaking the phials of sugar of milk globules at each stage of medicinal dilution as the spiritualizer, instead of imparting the homœopathic remedies with a superior quality denied to the allopathic medicine, he degraded his system to the most vulgar mechanism in existence. But there is a dynamic power in medicine as well as in diseases. All the power in it, indeed, is dynamic; that is to say, there is no power in it which would be able to manifest itself except by a dynamical process or motive force, of whatever kind this be. The Homœopaths and Allopaths may continue to differ about the application or interpretation of the general principle of disease, and of its cure; but they must agree as to the necessity of the law of the conservation of energy by transformation entering it as its main and most essential constituent. And this point, indeed, is the one about which all schools agree. Wagner, in his masterly historical sketch of recent fever theories,* furnishes striking instances and illustrations of the old-school agreement, because "the doctrine of fever has always been the mirror of pathological systems."†

Wagner says: "The first results of the application of the new doctrine of physic to the organism, were the propositions which the Iatro-mechanists of the seventeenth and eighteenth centuries had advanced, and accordingly their school represents the beginning of positive medicine. They abandoned the exclusive regard in which the heat of fever was held, raised the pulse out of the symptom-group, and gradually introduced the movement of the blood into the notion of fever. This was especially brought about by Boerhaave and his school."

Even negatively, the development of the fever theory illustrates our general principles of medical theory, for Cullen's idea, of chills being caused by a spasm of the most external blood-vessels, endorses the dynamic explanation of the essentiality of all bodily functions. Haller's discovery of the irritability of muscular fibres as a mode of life, cleared the ground still more for the dynamical principle, to which Marcus' statement points in a quite new direction: "Fever

* *General Pathology*, Seguin transl., p. 648.

† Wunderlich.

is always an affection of the electrical element in arteriality by which this is made to contract." Brovais endorsed the conservation of energy in dwelling extensively upon the inter-dependence of the action of the different organs in fever, and T. Miller confirms this standpoint by giving physiological details: "The modifications of sensation, motion, and of organic functions, excretion and production of heat, which are characteristic of fever, are only comprehensible by the participation of such an organ as the spinal cord. Since fever is produced by nothing so easily as by changes in the activity of capillary vessels in any part, it is very reasonable to suppose that in fever certain impressions, starting from a severe affection of the organic nerves of any part, are transmitted to the spinal cord, and thence reflected through all the nerves." The fever definition of Liebig sounds as if it had been written on purpose to serve as a prop to our general exposition, for the great chemist says: "If, in consequence of a morbid change of parts of the living body, an amount of force is produced greater than is necessary for normal movements, there necessarily ensues an augmentation of a few or of all organic movements, and in consequence we have increased temperature, that is to say, fever. The superfluous force, which can only be consumed in motion, is transformed into voluntary movements, and so produces the febrile paroxysm." Liebig's theory was, however, deficient as to the negative element in fever. This was supplied in the noble strife which took place between the eminent medical scholars following in his wake, whose inquiries settled down to the more or less general recognition of the theory that fever is the result of at least two processes, of which the one increases heat production, while the other paralyzes the regulation of heat which takes place through the nerves, and which, when they occur together, give rise to the succession of phenomena which constitute a febrile period. "In fever, the utility of the skin is impaired to an important degree, because, under the influence of the cause of fever, an enormous irritability and irritation of the blood vessels are produced, in consequence of which they are, from the beginning of the fever onward, occasionally

contracted, and thus the equalization of heat is prevented."* This is in full accordance with natural science: "There exists a perfect reciprocity between the power of a body to communicate motion to the ether, or to radiate; and its capacity to accept motion from the ether, or to absorb."† Perhaps we may even go as far as applying to medicine the dynamical law, that *a given quantity of heat absolutely passes out of existence as heat, in producing its equivalent of work*. The body heat is raised, because it is not spent in doing work, that is to say, not expended on the functions of the respective organs (principally the skin). When a gas expands suddenly, its temperature falls, because a certain amount of its heat passes out of existence in the act of producing mechanical effect."‡ Such an expansion in pyrexia is defective; thereby the heat. "This is quite analogous to the case * * * when a given quantity of steam is blown through the engine from the boiler into the condensator without doing any work, when we find that the quantity of heat which goes into the condensator is larger than the quantity of heat which goes into it while the engine is doing work. In precisely the same way, then, while the current of electricity is employed in actually lifting a weight, or in driving an electro-magnetic engine, the current which is passing along the wire is feebler than before, and corresponds, according to a great discovery of Faraday's, to a less amount of chemical combination (that is, a less rapid consumption of zinc) in the battery. The battery has really less hard work, while driving this electro-magnetic engine, than it would have if we were simply to stop the engine, and allow the current to pass and develop heat in the conducting wires and cells. It must do something. The current of electricity always fritters itself down into heat in time, unless you utilize it and change it into a form of energy more useful than heat."§ *Omne simile claudicat*. But with this restriction, the analogy of the human system and an electric battery holds good.

(To be Continued.)

*Senator, 1873.

†Tyndall, *Heat as a Mode of Motion*, p. 374.

‡Stewart, *Conservation of Energy*, p. 112.

§Tait, *Recent Advances of Physical Science*, pp. 83-86.

The National Eclectic Medical Association.

The National Eclectic Medical Association met, pursuant to call, at Altoona, Penn., on Wednesday, June 17, 1885. Dr. H. K. Stratford, of Chicago, called the meeting to order, and Rev. Mr. Curley, Lutheran, offered prayer. Mayor Mann welcomed the Association to the city, and was answered by President Stratford.

The committee on credentials was announced: Drs. Covert of Wisconsin, Durham of Georgia, Martin of Maine, Woodward of Pennsylvania, and Williams of Alabama.

The following committee on grievances was appointed: Drs. S. B. Munn, J. C. Butcher, L. T. Beam, L. P. O'Neal, J. R. Borland.

The roll of States was called, and credentials were received from State and local societies. The societies of California, Texas, Missouri, Arkansas, Tennessee, Kentucky, Michigan, Vermont, New Hampshire, Massachusetts, and New Jersey failed to submit credentials.

The President delivered his annual address.

The committee on credentials reported favorably the various names submitted to them, except several from Iowa, against whom exceptions were filed. These were afterwards reported favorably and elected.

In the afternoon the treasurer's report was presented. The Association has done much work—having printed and circulated over 9,000 copies of Prof. King's Address against Medical Statutes, and 500 copies of *Transactions*, 560 pages. The expenditures were about \$975, of which sum \$675 were still due. The receipts, however, have considerably reduced this amount.

The reports on Status of Eclectic Medicine in the several States were read, and indicated a marked improvement in prospects. The general sentiment was that of determined resistance to encroaching legislation, and gratification over the defeat of medical bills.

Amendments to the by-laws now pending were considered and adopted to the following effect:

1. Requiring credentials of delegates from State and local societies to give their academic rank, and the time dur-

ing which they have been engaged in the practice of medicine.

2. Creating a Retired List, to be made up of veteran members of fourteen years' standing.

3. Requiring members of the National Association to maintain active connection in State or local societies.

4. Authorizing the secretary to withhold the *Transactions* from members whose address is not known to him.

5. Providing penalties for commending proprietary medicines.

The Section work was never so well transacted. The papers contributed were numerous and well prepared; they were very generally read and discussed. The chairmen and secretaries appeared to be thoroughly awake to the duties of their positions, and their work speaks eloquently in their praise. This fact shows that the association is a most potent factor to the maintainance and advancement of the Eclectic school. The literature of the profession will gain handsomely through the sessions at Altoona, and Vol. XIII of *Transactions* will exceed all previous volumes. Dr. Durham, of Atlanta, Georgia, acted as chairman of Section A—on Hygiene, State Medicine, etc.—and Dr. H. B. Piper served as secretary. Some twelve papers were submitted and mostly read by title. Dr. Howe gave details of two cases of puerperal mania, which were duly discussed. At the close the section was dissolved, and its officers reported the proceedings to the Association.

The report of the Committee on Credentials indicated a large addition to the membership. The delegates sent by the Iowa Medical Association caused the most heated controversy; the animosity of the two college factions exhibiting itself in language at once unparliamentary, discourteous and not free from deserving severe blame. In the end, however, every delegate from that State was admitted, though many items of red tape were put in requisition.

The secretary read letters from Drs. John King, E. Younkin, and others, apologizing for absence. Dr. Charles Bond, of Nebraska, apologized with a draft for \$100.

Dr. Richards, of Kansas, suggested that the association should place a stone in the Washington Monument, as the American Association had done. Dr.

Piper raised the point of order that this would be unprofessional advertising, which was forbidden in the by-laws.

No evening session was held. This enabled the secretary—who was prostrated by the unusual fatigue of the day—to recover from utter exhaustion.

The business of the second day was transacted with unusual advantage and energy. Dr. Munn reported the plan of an organization of an Eclectic Mutual Aid Society, to be constituted of eclectic physicians, and to operate under the auspices of the National Association. Dr. Howe introduced a resolution, which was adopted, fixing the length of papers in the *Transactions* at fifteen pages, small pica; the expense of printing in excess of that number to be defrayed by the writer.

The Iowa College embroglio was disposed of by the adoption of the following report from the committee on colleges:

"Whereas, the National Eclectic Medical Association at its fourteenth annual meeting adopted a resolution as follows:

"*Resolved*, That the King Medical College of Iowa and the Medical Department of Drake University remain on probation for the coming year, to the end that if a favorable record shall be produced of either at the meeting of the National Association in 1885, it shall be recognised as in good standing with other colleges of the eclectic school of practice; and

"Whereas, the two above-named colleges, by respective representatives, did appear before your Committee on Colleges, each against the other, and offered sufficient evidence to your committee to convince us that neither college has made a sufficient showing to entitle it to recognition; therefore be it

"*Resolved*, That this association does not at this time give recognition to either college.

(Signed) L. C. Russel, M. D., *Chairman*, N. R. Martin, M. D., J. M. Mulholland, M. D., L. T. Beam, M. D., J. G. Bemis, M. D."

The association intermitted its session, and Section B, was now organized; Dr. Wilson H. Davis, of Chicago, being chairman, and Dr. John O. Butcher acting as Secretary. *Materia Medica*, the *Practice of Medicine*, and *Medical Chemistry* were included in the province

of this section. The eclectic school has won its richest laurels in this department and virtually given law to medical practice in this country. The section after having read several papers, arose and reported progress.

The president laid the following memorial before the association:

"ALTOONA, PENN., June 17, 1885.

"To the officers and members of the National Eclectic Medical Association:

"GENTLEMEN: Some two years ago Dr. James H. Hole, of Salem, Ohio, was expelled from your body for alleged unprofessional conduct. Dr. Hole has always felt aggrieved and desires that his case be reconsidered, in which your petitioners join. We therefore ask that the matter be referred to the committee on grievances to hear the evidence in his case, for and against; and that the findings be submitted to this meeting.

J. R. STEWART, M. D., Ohio..

J. D. REID, M. D., Iowa."

The paper was accordingly so referred, and the committee retired, after calling for all persons concerned to appear before them.

Section C, embracing Obstetrics, Gynecology and Genito-Urinary Diseases was formed; Dr. Milton Jay, of Chicago, chairman, and Dr. Bennet, of Iowa, secretary. Aply prepared papers were presented and read before the section. The one on Urethral Tumors, by Dr. C. E. Miles, of Boston, elicited an earnest discussion. Dr. McFatrieh, of Chicago, exhibited the body of a fetus that he had removed from the body of a woman, thirteen years after its discovery. The committee rose and reported their work.

The Committee on Grievances reported as follows: We respectfully recommend that Dr. Hole be reinstated to full membership and restored to all his rights and privileges in this association, on condition of paying all dues accruing.

(Signed) S. B. Munn, J. C. Butcher, L. T. Beam, W. M. Durham, J. R. Borland.

The report was accepted, and its action duly adopted—no one dissenting.

Section D, on Surgery, was now organized; Dr. L. C. Russell, Chairman, and Dr. J. B. McFatrieh acting as Secretary. Dr. Howe read a paper on Surgical

Progress, after which the committee rose and reported to the association.

At the evening session a motion was adopted, offered by Dr. Wilder, reconsidering the vote of 1884—accepting the resignation of Dr. Gunn. The subject was then indefinitely postponed.

The report on the Eclectic Mutual Aid Society was taken up and adopted. The association then adjourned till morning.

The Eclectic Mutual Aid Society was then organized by the election of the following officers: President, S. B. Munn; Vice-President, H. B. Piper; Secretary, Alexander Wilder; Treasurer, L. E. Russell; Medical Examiner, Milton Jay.

The session of Friday began under less propitious circumstances. The action in relation to Drs. Gunn and Hole was rescinded, and the debate exceeded every reasonable limit of parliamentary propriety. The case of Dr. Hole was proposed to be again referred to the Committee on Credentials; but Dr. Hole, after hearing the discussion, declined any further action in his behalf.

Dr. Howe offered a series of resolutions in regard to medical legislation:

Resolved, That the members of the National Eclectic Medical Association are opposed to partisan legislation having in view the regulation of medical practice.

Resolved, That they are in favor of "Boards of Health," organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

Resolved, That we encourage testing the constitutionality of laws already enacted in several States, giving authority to organize health officials who discriminate against the professional interests of Eclectic practitioners.

Adopted unanimously by a rising vote. The following dispatch was read amid tumultuous cheering:

"BOSTON, Mass., June 18th, 1885.—Tell the association that medical despotism is defeated almost unanimously in the Legislature. Grass upon Bunker Hill grows greener to-day because liberty still lives triumphant in Massachusetts. HORATIO G. NEWTON, M. D."

Section B now concluded its work and duly reported. Section C reported without a session.

The Electoral Committee made choice of the following officers: President, Henry B. Piper, M. D., of Pennsylvania; Vice-Presidents, J. W. R. Williams, M. D., of Alabama; George Covert, M. D., of Wisconsin; and Elizabeth G. Smith, M. D., of Connecticut; Secretary, Alexander Wilder, of New Jersey; Treasurer, James Anton, of Ohio.

Place of meeting in 1886, Atlanta, Ga.

A Case in Practice.

BY

I. HUMPHREY, M. D.,

FAIRBURY, NEB.

In May last, Mr. A., came to my office with his son, a boy about eight years of age, who, while pounding gun-caps with a nail hammer had a piece of the cap driven into his right eye, entering exactly on the ciliary zone, cutting a part of the cornea at one end of the wound, and the sclerotic at the other end. Hemorrhage was quite free. After applying four drops of a four per cent. solution of cocaine, I removed the missile without the slightest pain, also a part of the choroid coat, letting off a portion of the aqueous humor. I then applied cold bandages and ordered constant ice applications. The boy was kept quiet for a few days in a dark room. The wound healed promptly, and the boy was ready for school in ten days. The blood which had accumulated in the anterior chamber was all gone, and the chamber as full of aqueous humor as before. While I have treated all varieties of eye difficulties, I have never before treated so severe an injury at the dangerous zone with so satisfactory a result. I would add, that with a silver probe I held the wound open and let off all the bloody aqueous humor that would flow out.

THE abominable chirography of many physicians is not only a fault, but a crime. A physician who cannot or will not write a clear, legible hand, should be debarred from practice, or at least be required to have in constant attendance a capable penman. A Department of Penmanship is the crying need of the hour in our medical colleges. There is very little practical difference between bad prescription-writing and downright malpractice.—*Western Druggist*.

• The Medical Advocate.

A Monthly Journal of Medicine, Surgery and the Kindred Sciences.

EDITOR: Joseph A. House, M.D.

Special Contributors.

DR. ROBERT A. GUNN,	New York
DR. ALEXANDER WILDER,	New York
DR. RICHARD E. KUNZE,	New York
DR. GEO. W. WINTERBURN,	New York
DR. J. G. L. GAEDKE,	New York
DR. JOE. RODGE BUCHANAN,	Mass.
DR. H. K. STRATFORD,	Illinois
DR. GEORGE A. PETER,	Missouri
DR. E. YOUNG,	Missouri
DR. CHARLES H. TAYLOR,	St. Thomas D. W. I.
DR. O. A. PALMER,	Ohio
DR. W. H. BLAKE,	Penn.
DR. I. J. M. GOSS,	Georgia
DR. A. W. BERRY,	California
DR. WM. BELL,	Mich.
DR. JOHN W. FIFE,	Conn.

We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

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THE ECLECTIC PUBLISHING CO.

EDITORIAL.

We give, in this issue, a summary of the proceedings of the National Eclectic Medical Association at their fifteenth annual meeting, held at Altoona, Pa., on the seventeenth of last month. The report would seem to indicate an enjoyable time, marred only by the unseemly discussion aroused by the factious delegates from Iowa. Such unparliamentary proceedings cannot fail to work injury to the cause of Eclecticism, and should not be permitted to occur in future; the whole matter in relation to the Iowa colleges could have been disposed of by the proper committee without the unnecessary wrangling that took place before the Association and consumed valuable time that might easily have been devoted to more edifying purposes.

As we confidently expected, the matter of medical legislation received a proper share of attention; the following resolu-

tions were submitted, and adopted unanimously:

Resolved, That the members of the National Eclectic Medical Association are opposed to partisan legislation having in view the regulation of medical practice.

Resolved, That they are in favor of "Boards of Health," organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

Resolved, That we encourage testing the constitutionality of laws already enacted in several States, giving authority to organize health officials who discriminate against the professional interests of Eclectic practitioners.

We heartily subscribe to these resolutions, as indicating the position adopted by all true Eclectics and a large proportion of liberal-minded physicians of the other schools of medicine.

The President's address, which we publish in full in this issue, is a fair representation of the Eclectic school, and will be read with interest by all who would become better acquainted with our views and purposes.

In selecting Atlanta, Ga., as the place of meeting for the Association in 1886, we think the committee acted judiciously, as the impetus thus given to the Eclectic movement in the South cannot fail to be of great benefit to the cause throughout the country.

* * *

The war of medical ethics, which is being waged with unabated vigor in the old school, now promises to become international. A year ago, the International Medical Congress accepted an invitation from the American Medical Association to hold its next meeting in Washington, in 1887. A committee of seven was appointed, with Dr. Austin Flint, who is the leader of the old code faction, as chairman, to arrange for a great meeting of medical men from all parts of the world. The committee decided to divide the Congress into nineteen sections, and nominated officers to direct the entire work of the Congress. When the American Medical Association met at New Orleans last April, this committee was enlarged by the addition of

a member for each State and Territory, and one each for the Army, the Navy, and the Marine Hospital Service. At a recent meeting of this committee in Chicago, it saw fit to revoke the nominations of all who are advocates of the new code, and adherents of the old code were substituted in their place. Among those displaced are Drs. Loomis, C. R. Agnew, St. J. Roosa, W. H. Draper, Jacobi, Hamilton, Knapp, and other well-known practitioners of New York.

The ejection of these men was neither more nor less than a direct personal insult, as well as a blow aimed at the new coders, and it is quite evident that many eminent members of the Allopathic branch of the profession will resent such action by deciding to take no part in the Congress if managed by the committee as now constituted. Indeed, it is not at all improbable that the International Medical Congress will withdraw its acceptance of the invitation to hold its ninth meeting in the United States, as a consequence of the extremely short-sighted policy adopted by Dr. Flint and his followers. Dr. Hayes Agnew and many other distinguished physicians of Philadelphia have declared that "duty to our profession and to ourselves requires us to decline to hold any office whatever in connection with said Congress as now proposed to be organized," and this only echoes similar emphatic expressions of disapproval from New York and elsewhere.

All this would seem to indicate that medical intolerance is still rampant in the old school organization, and also, on the other hand, that an intelligent minority are awaking to the fact that antiquated methods and self-confessed bigotry will not much longer serve as props to so insecure a structure, and that a reconciliation of all schools of medicine may, in the not distant future, become an established fact

* * *

In the discharge of his professional duties, the physician is frequently called upon to meet emergencies where a successful issue depends more upon his natural reasoning powers than upon great learning or acquired skill.

The following case (*Deutsche Med. Zeit.*) of recent occurrence, may be cited as an instance where an ingenious procedure effected a result that could not have been otherwise obtained short of a major surgical operation: "A dentist by the euphonious name of Geisselbrecht, in Furth, was sent for one night by a servant girl who, during sleep, had swallowed her artificial teeth. The set consisted of a rubber plate with four canines and two bicuspid, which plate was attached by the aid of gold clamps to the natural teeth. On examination, the neck of the girl was found to be swollen and painful to the touch in the region of the larynx. The examination of the pharynx gave no result; the set had disappeared; but with the use of the oesophageal sound it could be felt. But as the plate had already passed too deeply, there was no prospect of its being extracted, and G. pushed it with the sound into the stomach through the cardiac orifice.

"Now comes the interesting part of the procedure. That the plate might pass on through the intestinal canal without injuring the latter, G. induced the girl to swallow a lot of cotton thread (spool cotton), which was first cut into small pieces and incorporated in the white of an egg beaten to snow. The intention was to have the threads, steeped into the white of the egg, wrap themselves around the sharp points of the plate and thus prevent their injuring the intestines.

"The result has been a brilliant one; four days later the girl brought the ominous plate, and the latter was found to be completely enveloped, over-spun, as it were, by the cotton threads. The patient said that she had no pain, or



William Bell, M. D.

any other inconvenience either, while the plate was resting in the bowels or during its passage out."

* * *

The above mentioned case recalls to mind an incident occurring in the practice of a certain country physician of this State, who, when called to see a boy who had swallowed a fish-hook with the line attached, devised an expedient both novel and effectual for its removal. After first having ascertained the size of the hook, he procured a leaden ball whose diameter was equal to twice the distance from the point to the shaft of the hook. A hole was then pierced through the centre of the ball, it was strung on the line projecting from the boy's mouth, and allowed to slide down the boy's throat to seek for the piscatorial interloper. With the ball resting on the point of the hook, thus preventing it from becoming imbedded in the surrounding tissues, it was comparatively an easy matter to pull up the whole affair without further injury to the patient.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Mr. L., a married man sixty years of age, called, recently, to consult me in regard to some difficulty of the penis. On examination, I found, just behind the gland, a thickening and hardening of the corpus cavernosum for about one half its length; the remaining portion was apparently normal. There was no external deformity, yet an unnatural sensitiveness of the diseased portion, and when erection took place, it curved upwards and backwards, caused, doubtless, by the non-expansion of the affected part. He has never had any *private disease*, has little or no sexual desire, and is a man of correct

habits. Micturition at times is somewhat painful, causing a burning or smarting sensation; this symptom is not constant. Will some of the readers of the *Advocate* diagnose and give treatment of this condition?

A SUBSCRIBER.

ROCK FALLS, ILL.

EDITOR ADVOCATE:—Please inform me how to prevent glass stoppers from becoming fastened in glass stoppered vials. I am a country practitioner and dispense my own medicines; I prefer to keep my fluid extracts and tinctures in such vials, and am frequently annoyed, when in a hurry, at not being able to uncork my bottles, which is not only unpleasant, but is productive of much profanity, and gives the recording-angel above a great deal of unnecessary work to perform. If there is no way to prevent the difficulty, what is the best and quickest way to get the stopper out?

C. F. MITCHELL, M. D.

ROCHESTER, N. Y., June, 29, 1885.

Ans.—Apply heat to the neck of the bottle, causing it to expand, and the stopper can be easily removed. This can be effected by winding a piece of cord two or three times about the neck, and, taking hold of the ends, draw it back and forth briskly; or, immerse the bottle, neck down, in hot water, being careful that the stopper does not fall out and the contents of the vial escape.

EDITOR ADVOCATE:—In the May number of the *Advocate*, in the department of "Formulae," you publish the formula of an aphrodisiac called the "Devil's Elixir." In attempting to fill the prescription for a customer, I found that one pint of proof spirits was not sufficient to make a fluid mixture, the mass taking up all the spirits and still remaining of a thick consistency. What am I to do?

DRUGGIST.

Ans.—Add proof spirits, a sufficient quantity to make a fluid mixture. It should have been so printed in the formula.

EDITOR ADVOCATE:—I am a regular physician, but am much pleased with the *MEDICAL ADVOCATE*. I take fourteen medical journals, and see, occasionally, copies of a dozen more. I have yet to

see a journal that pleases me better than yours. I think the principle of the Eclectic school the true one, but am not ready to admit that the idea is perfectly carried out in your ranks; I am not sure, indeed, that we cannot boast of more Eclectics among the regulars, than in the school claiming the distinctive title "Eclectic." However, all this is not what I started to say. I would like to inquire, what treatment, if any, has your school adopted, for the cholera? I will confess that, thus far, I find nothing in our publications to inspire confidence in the resources of medicine in combatting this disease.

A REGULAR.

EDITOR ADVOCATE:—I understand you have made great improvements in your journal. Send me the January number and on, up to the present number. Do so, and on receipt of journals, look for your money.

T. J., M. D.

Ans.—We have made improvements. Send us \$2.00 and on receipt of the money, look for your journals.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

ECZEMA OF THE GENITALS.

℞. Potass. chlorat, - - gr. xvj.
Vin. opii, - - - gr. xxxij.
Aque dest., - - - Oij.

M. To be applied by means of a compress soaked in the solution.

FOR EARACHE AND TOOTHACHE.

℞. Ext. belladonnæ fluid, - -
Ext. gelsemii fluid, - -
Ext. viburni fluid, - - aa. 3j.

M. Sig. Moisten cotton with this and put into ear or tooth.

A DISINFECTANT FOR THE SICK-ROOM.

℞. Oil of rosemary, - - - 3x.
Oil of lavender, - - - 3ij.
Oil of thyme, - - - 3ij.
Nitric acid, - - - 3j.

Put in a bottle and shake well. This can be thrown with an atomizer, or can be used in water for washing or bath-

ing. This preparation is of French origin, and has proved very useful in the sick-room.

FOR ALOPECIA.

Dujardin-Beaumetz, in *Jour. de Med. de Paris*, recommends:

℞. Chloral, - - grammes 5.
Distilled water, - - " 100.

M. Sig. Apply to scalp at night. In two weeks great relief is produced.

A USEFUL GOUT PILL.

℞. Calomelanos, - - - gr. j.
Ext. colchici acetici, - - gr. j.
Ext. alces Barb., - - - gr. j.
Pulv. ipecac, - - - gr. j.

M. Make one pill. Sig. To be repeated every six hours, until free purgation ensues.

FOR HYSTERIA.

℞. Ext. opii, - - - gr. xij.
Ext. valerianæ, - - -
Moschi, - - - aa. gr. xxiv.

Make into xvj pills. Sig. First, one; then, two; and then three a day—*Med. World*.

OUR PORTRAIT GALLERY.

Portraits of the following physicians appeared in the *Advocate* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rhodes Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch

MAY:

- VI. Dr. I. J. M. Goss.
- VII. M. Louis Pasteur

JUNE:

- VIII. Dr. Richard E. Kunzé.
- IX. Dr. Wooster Beach.

X.

William Bell, M. D.,

The subject of the present sketch was born in the town of Gorham, Ontario Co., New York, on the first day of May, 1844. He attended school and worked on a farm, after the usual manner of country boys, until the age of fourteen, when there came, unbidden, a desire for a better education than could be obtained by attendance upon common schools. He talked the matter over with his father, and obtained his consent to "work out" and earn the necessary funds to attend the Academy at Canandaigua, New York, where it was his good fortune to fall into the hands of Prof. N. T. Clarke, Principal of the Academy for over thirty years, and one of the most distinguished

educators of Western New York. After attending at the Academy several terms, he began teaching school.

He first began to think about the study of medicine when eighteen years of age, but caught the "war fever" at the time, December 1863, and enlisted as a private soldier for three years, or during the war. He passed through Grant's memorable campaign, "on to Richmond," and bore the flag of his regiment through the battle of Reem's Station, one of the most hotly contested engagements of the war (his regiment losing more than one-half of its men), when he was wounded, and sent to the hospital. Upon recovery, he was appointed to fill a position in a hospital near Washington, where he remained until the close of the war. The practical knowledge of surgery that he thus obtained was a great incentive to the study of medicine, and was of incalculable advantage in the profession he afterwards adopted. On returning to private life, he immediately began his medical studies, under the preceptorship of Dr. J. A. Hawley, of Canandaigua, and graduated in the Spring of 1867. After practicing medicine in his native county two years, he married Miss Mary Hoppough, of Smyrna, Michigan, and settled in Seneca Castle, N. Y., where he remained in successful practice for fourteen years. In 1880 he attended lectures at the United States Medical College, and again received the degree of M. D. He is a member of several societies, State and National, and is now secretary of the Genesee Valley District Society. He also holds a membership in several Homœopathic societies. In 1884 he removed to Michigan, and settled in the town of Smyrna, where he is now in practice.

He is thoroughly independent in principles, hates sectarianism in any form—especially in science, advocates the abolition of all sects in medicine, and confidently looks forward to the time when perfect harmony will prevail in the profession, and the title "physician" be sufficient without a distinctive prefix.

ECLECTIC SELECTIONS.

FISTULA IN ANO.—The process of cure among the best surgeons of the present day is that of incision. This consists in passing a grooved director through the external orifice of the fistula to a finger that is introduced into the rectum. If the internal orifice cannot be found the point of the grooved director is to be thrust through the coats of the rectum and with the aid of the finger is made to emerge at the anus. A knife is run along the groove and the fistulous track is laid open. A thorough exploration is now to be made with finger and probe, seeking other sinuses. Should any be found they are to be incised and converted into open wounds. The internal orifice of a fistula is apt to be

near the anus, so that in most cases only a part of the sphincter ani muscle has to be divided, and its function is only temporarily impaired. If it should be necessary to sever the whole of the muscle its function is suspended for a time, and whether it will ever regain sufficient power to completely close the bowel is a question. In dividing the muscle considerable hemorrhage may take place, requiring the use of styptics and a firm tampon of cotton.—*Mass. Eclectic Med. Jour.*

SULPHATE OF MAGNESIA IN DROPSY.

In treating a very severe case the past spring, I found myself at the end of my list of remedies, and the patient not cured. There was a marked impairment of the heart's action, enfeebled kidneys, an enlarged spleen, and an inactive liver. The patient had improved some on Digitalis, less on Convallaria, had been benefited by Santonine, had been injured by sulphate of manganese—a remedy that had cured him of the same trouble some years before—had exhausted the virtues of Elaterium, and now I wanted something more.

I stated the case to Prof. Locke, and received reply—"I have found that an infusion of Digitalis is much better than the tincture. Of all the remedies I have employed to obtain a hydragogue action on the bowels, none has given me as much satisfaction as teaspoonful doses of sulphate of magnesia, taken in small portions of water."

The result was as described—"a tolerance of stomach and bowels for the epsom salts to hydragogue catharsis, that had not been obtained for other medicines," the infusion of Digitalis having a better action upon the kidneys than the tincture. With the two, we have a cure in a protracted and seemingly incurable case.—*Eclectic Med. Jour.*

RARE HONESTY.—Our regular friends claim a large share of honesty and virtue, and their love for the dear people passeth understanding. They have the most intense desire to protect the aforesaid "dear people" against quackery, or, in other words, *irregular* practice; they do not care so much about sanitary protection, or protection from *regular* quackery, of which there is a very great abundance. But once in a

while they let the cat out of the bag, and we can see the form and comeliness of the feline. As an example, we will take the proceedings of the last meeting of the Medical Association of Ohio. We quote:

"The report of the Committee on Legislation being called, Dr. Herrick made a verbal report, in which he deplored the *sad condition of our Legislature*, which effectually precludes all possibility of securing the passage of desirable restrictions of the practice of medicine. *So long as the proposed bills relate only to hygienic or sanitary measures, they meet a favorable reception*, but as soon as any measure toward the restriction of practice is introduced, it meets a sudden death."

This is all very sad. So long as bills relate to hygienic or sanitary measures the Legislature is willing, but when it comes to the *restriction of practice* the dear people, through their representatives, object.

But these good doctors have learned of the virtues of "*boodle*," and they have to move the legislative bowel with this well known and much prized remedy. To this end they pass the following resolution:

Dr. X C. Scott, of Cleveland, then moved that \$500 be appropriated for the committee to carry the bill, which was defeated last year, through the Legislature. After much discussion the resolution was finally adopted."

Possibly the *boodle* may operate, but we think not. "Every man has his price," but \$500 will hardly buy an entire Legislature.—*Eclectic Med. Jour.*

HOMŒOPATHIC SELECTIONS.

THE DOCTOR TALKS.—"When I am in the convention down there at St. Louis," began the Doctor, "I intend to get the floor, or the ceiling, or some of the furniture, and make a few remarks on the subject of cranks. This valise which I have behind my chair is full of books and journals which I have brought along for purposes of reference.

"Now, I am dead set against all kinds of cranks, but I intend to speak particularly of professional cranks—more particularly of cranks in the medical profession—more particularly still, of cranks in the homœopathic medical profession.

"A crank is a man who divides all knowledge into two classes—class 1, *my opinion*; class 2, *all humbug*. They measure all natural phenomena by their

own abbreviated yard-stick, which is but twenty-four inches in length. A crank pound weighs only eight ounces. They are men of one idea, to which they always cling tenaciously; but the idea is never worth the cling.

"A crank formulates general rules from single instances. He is incapable of reasoning from cause to effect—his mind halts half way. His *post hoc* is always a *propter*.

"Cranks are all fanatics—pestiferous fanatics. Now fanaticism is drawing too near a thing. Too close a view obscures the vision. If you stand up against a high board fence you cannot tell whether on the other side there is an old cellar or a mountain.

"The true artist at frequent intervals steps backward across his studio, turning his head from side to side to view in every light his slowly-growing picture, while the fanatic keeps his eyes so close to the canvas that he may always be known by the little daub of paint on the end of his nose. And that's the mark by which you can tell a crank.

"Now there is always one good crank for every medical convention. He always occupies a front seat, ready to spring to his feet and speak on every subject which comes up, whether he knows anything about it or not. Generally, the less he knows the more he talks. While the crank keeps his seat, and says nothing, a stranger coming into the convention would mistake him for a man. But he ruins his reputation the moment he speaks. Like a patient with cerebral anæmia, a crank does his best thinking while lying down.

"In our profession there is no more pestiferous crank," said the Doctor, "than the man who tries to load down homœopathy with a lot of rubbish which belongs to it about as much as a barnacle belongs to a ship.

"Several years ago I saw a doctor who had a delicate little vial, nicely fitted with a waxed cork, and labelled 'Sol.' And what do you think was in it? Why, a lot of pellets supposed to be medicated with *potentized sunshine*! Shades of Solomon! Did you ever hear of anything so ludicrous? It passes the confines of the absurd, and is lost beyond the horizon of the outer edge of the supremely ridiculous. Well, I had to laugh. The scheme was a dead failure,

however. It did not come up to the new-fashioned match-box—it was not even luminous in the dark! I tried it.

"If you can find anything in the realm of nature that this same crank can't 'potentize,' and run up to the *cm*, or *mm*, or *d-m*, or something, I'll eat my hat. Yes, sir, he has split sunshine all to pieces, and 'potentized' his sugar-pills with every color of the rainbow. And in proof of what I say, here is a journal* which I have had for several years, containing a report of a clinical case in which the tail end of the rainbow was used. Read that," said the Doctor, thrusting a journal under my nose.

I opened my eyes and read:

"ROCKING RUBRUM.—Mrs B., light complexion, intensely nervous, found her rocking as rapidly as possible and knitting as if life depended on finishing the work, said she could not keep still, 'seems as if she would fly out of her skin.' Time seems so short was afraid she could not finish the work in time, gave powder of *Rubrum iridis* (the red ray of the spectrum) *cm.*, dry on the tongue, in five minutes by the watch she was lying quietly on the lounge, and had no return of the nervousness. "S. SWAN."

"There, what do you think of that?" asked the Doctor. "Isn't it enough to make a skeleton grin from ear to ear? Such a gem could not, of course, pass unnoticed, and a few weeks later I found in another journal a report of a similar case which some doctor felt inspired to write. Here it is. Listen:

"LOCKING LUBRUM.—Mrs. Z., sallow complexion, highly organized, found her talking as rapidly as possible, as though her life depended on her getting through, said she could not stop, 'seems as if she would talk her jaw off.' Days seemed so short was afraid she could not say it all in time or eternity, gave powder of *Lubrum elbonis* (odor of elbow grease) *dm.*, dry on the tongue, in two seconds and a half by the town clock she had shut up, and had no return of the tomfoolery.

"G. GOOSE."

"Now, that is what I call creamy. It would be a pity to go through life and miss such richness.

"I presume that the fellow who pretended to bottle that sunshine, thought he had done a big thing, and had excelled all competitors in the originality of his scheme. But if he thinks so, he is badly left. He is not the first crank, by a long shot, who ever thought of bottling sunshine. Here is a book,"

said the Doctor, taking from his valise a blue cloth-bound volume, "which tells the whole story. It is a history of the adventures of that celebrated traveller, Mr. Gulliver. On a visit which he made to the island of Laputa he met an aged philosopher, whom he thus describes:

"The first man I saw was of meagre aspect, with sooty hands and face, his hair and beard long, ragged, and singed in several places. His clothes, shirt, and skin were all of the same color. He had been engaged eight years upon a project for extracting sunbeams out of cucumbers, which were to be put in phials, hermetically sealed, and let out to warm the air in cold, inclement summers.

"He told me he did not doubt that in eight years he should be able to supply the governor's gardens with sunshine, but he complained that his stock was low, and entreated me to give him something as an encouragement to his ingenuity, especially since this had been a very dear season for cucumbers."

"There," said the Doctor, as he closed the book. "That confirms a theory that I have long entertained, that there is nothing new under the sun.

"That Italian crank," said the Doctor, "did a bad thing when he went into the bed-bug business. He little knew that he would start all the cranks in the world to trying to make medicine out of everything in the world. These fellows would rather fool around diphtheria any day with their preparation of puppy-milk, than with some good bichromate of potash; and old pus, and scabs, and lice and things, seem to satisfy their longing as nothing else can do.

"One must get up very early in the morning to keep track of their brilliant discoveries. Not long ago I read in one of their journals of another new remedy, and what do you suppose it was? *Lager-beer, cm!* Holy Moses! That's enough to burst a beer keg. And a crank reported several cases treated by it. I do not know what these *Hahne-manniacs* recommend it for, and I don't want to know, but I do recollect that this one pretended to give it to cure beer-drinking. I don't wonder that it has that effect. I should think that a patient who had received one dose of the *cm.* would be so disgusted that he would never want to look a respectable glass of beer in the face again.

"Next," said the doctor, "there are the cranks who write books, and their name is legion. Here is a book which some crank down East got up several years ago, and tried to palm off onto an

* United States Medical Investigator, 1893.

the drainage tube is made of red india rubber. More powdered bismuth is applied, and the whole covered with a phenicated pad, in the centre of which is slipped a sachet containing a certain quantity of corrosive sublimate. The tubes are withdrawn at the end of the third or fourth day, and the dressing removed in a fortnight or three weeks, when the cicatrix is fully formed.—*Med. Times*.

PERISCOPE.

THE NURSING BOTTLE AND THE ÆSTHETIC FACULTY.—Whatever theory of æsthetics may be accepted, from Plato's to that of Oscar Wilde, many believe that the love of the beautiful has greatly lessened. In our day not even the eloquent utterances of Ruskin, calling on men to worship the beautiful in nature and in art, have had enough power to make æsthetic culture general. A few years ago Oscar Wilde believed he, too, had a mission, but though he invoked men and women in poetry and prose, from the press and from the platform, his words were as the voice of one crying in the wilderness; the human race moved steadily on, trampling under foot all flowers in its persistent pursuit of the utilities, though a big helianthus was waved before them in passionate remonstrance. Disappointment seems to have struck the oracular Oscar dumb; he is as silent as the grave, and no one has come to take his place, while the average man and woman plod on in life, giving more attention to justice and truth, or at least to bread and butter, than they do to beauty.

The real difficulty in the work of the reformers, the reason they have not succeeded in reviving æsthetic love, is that they have not understood the cause of its decline. Physicians are wise enough to cure disease by removing its cause, when they can, and æsthetic missionaries must adopt a like plan. We must know the source of the love of the beautiful, the fountain of the æsthetic faculty, and see whether the evil so greatly mourned does not originate there. This fountain is woman's mammary gland; if women had no breasts, there would be no love of the beautiful possible for the human race. The Amazons, those unhappy creatures who took off one of

their breasts, became celebrated as athletes, but not as æsthetes.

That the female breast is beautiful we might prove by showing that it has the chief characteristics, such as its lines, color, and smoothness, which Plato indicated in *Philebus*, as essential to beauty. But this is unnecessary, and we prefer at once explaining its connection with the æsthetic faculty, which can be best done by quoting from Darwin's *Zoonomia*. Erasmus Darwin in this work, which in some respects is as remarkable as any of the productions of his illustrious grandson, Charles Darwin, tells us that soon after a babe "is born into this cold world it is applied to its mother's warm bosom, * * * * which the infant embraces with its hands, presses with its lips and watches with its eyes, and thus acquires accurate ideas of its form. Its pleasure at length becomes associated with its form. And hence in our maturer years when any object is presented to us, which by its waving or spiral lines bears any similitude to this form—whether it be found in a landscape with soft gradations of rising and descending surface, or in the form of some antique vases, or in the works of pencil or chisel—we feel a generous glow of delight."

Accepting Darwin's theory of the origin of the æsthetic faculty, it is self-evident that those infants who are brought up artificially, "by hand" instead of by breast, must be deficient in this faculty. In short, the use of the nursing-bottle is the cause of the decline in the appreciation of beauty.

Now we are safe in saying that a large proportion, probably not less than one-third, of babies in the so-called enlightened countries depend the first six months of their lives exclusively or partially upon "nursing-bottles." Hence entire absence of the æsthetic faculty in some, and a very imperfect condition of it in others.

Those who love the beautiful, and who mourn its decline, must seek the remedy for the latter by encouraging maternal lactation, and banishing the nursing-bottle, when there will be hope that the coming race will attain the poetic ideal in this regard. In an age when so much is accomplished by voluntary organizations, such as for the promotion of charity, the suppression of vice, etc.,

there might be a society for the promotion of this object. As women do not nurse because they cannot, their breasts not being sufficiently developed, or because they will not, this society would have its work divided into two great sections—one devoting itself to the culture of the moral sentiment which will compel a mother to nurse her infant, and the other to discovering the best means for cultivating mammary glands. The latter section at least would be divided into several subsections, each of these giving itself to the special study of these organs. Thus one subsection would investigate the typical form, another the embryo-genic development, a third the blood-supply, a fourth the minute anatomy of the glandular structure, and thus on, while a final class, a very large one probably, would be composed of those who do not see the purpose of this article, and would be occupied with lymphatic investigation. A society with such various and elaborate breastworks would be invincible. It, of course, would be international, and could be bisected, trisected, and quadrisected—in fact, divided into so many sections that everyone could occupy an official position.—*Medical News*.

THE MANAGEMENT OF PLACENTA PRÆVIA.

—Dr. Malcolm McLean, in a paper read before the New York Academy of Medicine, March 26, 1885, arrived at the following conclusions regarding the management of placenta prævia:

1. In any case of placenta prævia, avoid the application of chemical styptics.

2. Inasmuch as the dangers from hemorrhage were greater than all else, preparations to induce premature labor should be made.

3. In primiparous cases with rigid tissues, the vagina should be well distended with the colpeurynter or tampon until cervical dilatation had taken place.

4. It was safer to rely upon thorough continuous pressure by Barnes' dilator than upon pressure by the fetal parts.

5. Where the placenta was lateral or partial, and there was no indication for hastening the labor, the method of Braxton Hicks might be practiced, consisting of turning by bimanual method as soon as possible, pulling down a leg with it and the breech of the child tam-

poning the ruptured placental vessels, and then letting the delivery be completed spontaneously, or aided by gentle traction.

6. When the head presented and the os was dilated, or very dilatable, rupture the membranes.

7. Podalic version was to be preferred to the application of forceps within the cervix, especially when the cervix was dry.

8. Complete vaginal tamponing might be applied and left in position in cases in which other means were not at hand.

9. The dangers of septic infection with the proper use of tampons and dilators was so slight that it need not be considered.

10. Wherever possible, delivery should be accomplished deliberately.

11. The greatest care must be exercised not to convey infectious material to the mother's system, which involved the application of the great principle of absolute cleanliness.—*Weekly Medical Review*.

THE OWNERSHIP OF A PHYSICIAN'S PRESCRIPTION.—The Supreme Courts of New York and Massachusetts have settled the matter as to who owns a medical prescription. The substance of the decisions is, that the physician, in prescribing, gives the patient a written order for drugs, and their delivery terminates the operation. The druggist may, on his own responsibility, renew the drugs, for he is a merchant, and has a right to sell drugs in any shape. He is not bound to give a copy of the prescription, nor even to keep it, though he usually retains it as a protection in case of error on the part of doctors or patients.—*Ther. Gazette*.

TREATMENT OF PHYMOSIS WITHOUT CUTTING OPERATION.—Recently a child, aged eighteen months, with a tight phymosis, was placed under ether; I then inserted within the prepuce the end of a pair of dressing forceps, expanded the blades, and with great ease retracted the prepuce behind the glans. The facility and rapidity with which this was done (the whole process being almost momentary) and the satisfactory results, lead me to doubt whether it is justifiable to submit any infant to the risk, however slight, attending circumcision (to say nothing

of other objections), and in the case of adults (for whom Mr. Richmond's ingenious instrument appears especially intended) it seems to me highly probable, at any rate, that a similar proceeding could be well borne without anæsthetics, and that it would be preferred by the patient to a tedious gradual dilatation.—*British Med. Jour.*

SOME RECENT DRUGS.—Thallin, a new antipyretic, is hydrated parachinaiisol. Its chief salts are the vinate, hydrochlorate, and sulphurate. The vinate, in doses of a quarter to half a gramme, lowers the temperature in two or three hours. In one case of pneumonia a fall of 4.1° Cent. occurred in four hours. Its effect is more evanescent than that of antipyrin, and rigors often succeed.

Doliarin, from a species of fig—*urostigma dolarium*—has an action like that of *carica papaya*. The plant is a popular vermifuge in Brazil, but is capable also of dissolving muscle.

Ziamba is a new narcotic from Angola. It smells like tobacco. Its habitual use is said to cause insanity.—*British Med. Jour.*

DEATH RESULTING FROM THE USE OF A PESSARY.—Dr. Leonard, in the *Prog. Med.*, September, 1884, cites a unique case which might well serve as a warning against the long-continued wearing of pessaries. The day of the pessary is past; the infatuation for this instrument is greatly diminished. Valuable in its place, it has been much abused. We have frequently been obliged to remove encrusted pessaries almost by operation. Abroad, where some peculiar forms of pessaries are still in vogue, we have seen eminent gynæcologists obliged to break them to pieces before being able to remove them. We have frequently seen deep horse-shoe shaped ulceration in the cul-de-sac from the ordinary Hodge pessary, with complete prostration, and in some cases cellulitis, but this is more serious than any result we have yet observed from the pessary.

The patient was 54 years of age, greatly reduced, anæmic, complaining for the past six months of dysuria, accompanied by great pain. Obstinate constipation existed which reduced the patient more and more, and did not yield to turpentine and other purgatives. Diarrhœa

followed, albumen appeared in the urine, and clammy perspiration over the entire body. The pulse was small and rapid (120); temperature 36.2° C. (97.1° F.); large rales throughout both lungs, especially at the base. Local pains led to an examination, and with some difficulty a large pessary, three inches by one and a quarter inches, which had been worn for two years and was now thoroughly imbedded in the lining membrane, was removed. An infectious, muco-purulent fluid was discharged from the vagina. The carbolized douche was freely used, tonics and stimulants given, but the temperature sank below the normal (35.4° C., 95.7° F.), the pulse grew exceedingly rapid, the extremities became cold, slight delirium followed, and death supervened after an attack of syncope and a temperature of 34.2° C. (93.5° F.).

The post-mortem revealed dilatation of the vessels of the pia mater, congestion of both lungs, liver, spleen, and kidneys enlarged, congested, soft, and pulpy; the vagina superficially ulcerated throughout its greater extent. No perforation.

It is suggested that the pressure of the pessary, which had lain so long in the vagina, produced thrombosis of the uterine and vaginal veins, then of the hypogastric, iliac, and larger veins of the vena cava, which finally produced the uremic symptoms and death.—*Med. Review.*

ELECTROLYSIS IN STRICTURE OF THE URETHRA.—We have frequently had occasion to refer to the use of electrolysis in the treatment of stricture of the urethra. In the hands of some it has seemed to prove very beneficial, and converts to its merits are being constantly made. Dr. Robert Newman publishes a paper on this subject in the *Journal American Medical Association*, April 25, 1885, in which, after reporting one hundred cases, he says that these and many other reports of cases speak for themselves, so that at the present time 1,000 could easily be collected, and that the most fastidious medical skeptic ought to be convinced by this report of one hundred cases cured without any relapse during three to eleven years' careful observation. By such unique good results the method of electrolysis in the treatment of stricture of the urethra is fully tried and

established, and every day brings new converts and makes new friends.

He thus formulates the details of treatment :

1. Begin the use of electrolysis carefully ; do not cauterize, only absorb ; in many cases the current of six cells will suffice.

2. Regulate the power and current of electricity according to the susceptibility of the patient.

3. Repeat seances in intervals not too frequent in succession.

4. Do not grease the bougie with substances which are non-conductors, and would insulate.

5. Wet your electrode sponges with hot water : keep plates in the battery fluid only during the operation.

6. Never use force with your bougie ; never cause hemorrhage.

7. Do not operate while the urethra is in an acute or even sub-acute inflammatory condition, or when it is too painful.

8. Use your battery fluid weak.

9. Never use two bougies in succession with electrolysis during one seance.

10. Practice at first only one method by absorption. "*Weak currents ; long intervals.*"—*Med. and Surg. Reporter.*

MAN IS GOOD FOOD.—Among a number of startling axioms in the late Dr. Beard's "Neurasthenia" is this curious one about cannibalism: "Why is not man good food for man? and why should not cannibals be healthy and strong? The answer is that man is good food, and cannibals are the strongest and healthiest of savages."

A NEW BATTERY SOLUTION.—Dr. Carl Seiler, in the *Med. and Surg. Reporter*, recommends the following fluid as superior for galvano-cautery batteries, or, diluted one-half with water, for the ordinary medical batteries :

Rx. Bichromate of potash, 2 pounds,
Hot water, - - - - $\frac{1}{2}$ gallon.
Sulphuric acid, - - - - $\frac{1}{2}$ gallon.

Dissolve the bichromate of potash in hot water, and when cool add to it the sulphuric acid. This should be mixed in an earthen vessel, as the sudden evolution of heat is very apt to break a glass bottle. When cold, place the mixture, which will be quite thick, in a glass funnel, the tube of which is partly closed

with asbestos, and drain off all mother liquid, which is a saturated solution of sulphate of potash. Then redissolve the parts remaining in the funnel in one and one-half gallons of water, and add to it two quarts of sulphuric acid if the fluid is to be used for the galvano-cautery battery, but if it is for the ordinary medical battery one quart of sulphuric acid is sufficient.—*Med. Sum.*

GLYCERIN AS A PROPHYLACTIC AGAINST TRICHINOSIS.—In the *Archiv für Kl. Med.*, Bd. 36, 1885, we find a very striking illustration of the prophylactic value of glycerin against trichinosis, which though denied by Fiedler has been previously upheld by Heller (*Ziemssen's Handb. d. Pathol. u. Ther.*, Bd. iii. S. 404).

A travelling merchant, who had taken some ham with him from home, was suddenly advised by a telegram that the ham contained trichinæ, which was positively verified by a physician to whom he presented the ham for examination. Having, however, previously eaten of the ham, he entered a hospital for treatment. His diet was restricted to a minimum, and he was given first 10 ounces of infusum fol. sennæ comp. in combination (which removed some unincapsulated trichinæ), and was then placed on a glycerin treatment, a teaspoonful to be taken hourly for several days. He completely escaped all symptoms of trichinosis, while nearly all his relations at home, who had also eaten from the same ham, contracted serious illness.—*Ther. Gazette.*

UNVARYING WEIGHT AN EVIDENCE OF A SOUND CONSTITUTION.—Let me here refer to this matter of variation of weight. Many persons will be met with who have a wide range of what may be called normal weight. I never like to see this symptom, for it seems to me that those persons who lose flesh so rapidly cannot be made of very good stuff. A person whose flesh is solid and who is living a correct life should maintain pretty nearly the same weight summer and winter, varying perhaps from three to five pounds. Persons will, however, be found whose weight varies twelve or fifteen pounds at different periods of the year. With such persons I have observed that sickness goes hard ; on

the other hand, loss of weight in them is not to be regarded as of such serious moment as it would be in a person who was thoroughly in training and whose flesh was solid and well organized.—*Med. Times.*

WHITE INK, for writing upon blue paper (like that used for Seidlitz powders), may be made of a solution of potassic carbonate, simple syrup, and mucilage. This ink can be used with a steel pen, and cannot be extinguished, even by dilute sulphuric acid. It can be used on but one side of the paper.—*Jour. of Applied Chemistry.*

WHOOPING COUGH IN THE FIJI ISLANDS.—A serious epidemic of whooping cough has run through the islands of the Fiji group. The malady has carried off all the very young native children, and left a decrease in the population of 3,000. A few years ago 30,000 persons in Fiji died from an epidemic of measles.

INDUCTION OF PREMATURE LABOR.—Dr T. Gaillard Thomas, of New York, writes as follows regarding the induction of premature labor (*Med. and Surg. Reporter*, February 14, 1885): The method of inducing premature labor which I now invariably adopt is very simple, and, at the same time, a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub below on the floor. In this tub we put one or two gallons of water at a temperature of 98° F. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, and that is all.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is cer-

tainly no mean triumph to be able thus to preserve a human life, which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the meanwhile being brought up to nearly one hundred degrees.—*Maryland Medical Journal.*

THE DIAGNOSIS OF INCIPIENT CATARACT.—Cataract, though perfectly amenable to treatment, is still one of the most dreaded diseases of the eye. This is mainly because it is blamed for the effects of other lesions. This would be largely avoided if practitioners of medicine were generally more skillful in its diagnosis. Subjective symptoms are of little importance, except as they point to other affections complicating cataract. In this connection it should always be borne in mind that the uncomplicated advance of cataract is always absolutely painless. The results of examination of the pupil by oblique illumination are often inconclusive or unreliable. The best way to detect partial opacity of the crystalline is to throw into the eye the light from an ophthalmoscope mirror; and then to look at the general red glare obtained from the back part of the eye. In doing this the surgeon looks through the suspected lens, and all opaque portions become noticeable as black spots, lines, or patches, in the red circle of the pupil. For such an examination no costly ophthalmoscope is needed. Any piece of looking-glass, with a hole scraped in the silvering for the observer to look through, suffices perfectly.

But when lens opacity has been recognized, the diagnosis of cataract is only just begun. The practical question is: Does the lens opacity cause the symptoms complained of? Incipient cataract might be present and cause no inconvenience whatever. On the other hand, when cataract exists, other lesions of the eye, nerve atrophy, choroiditis, or ametropia are very apt to be present. The complete diagnosis of cataract demands

ability to recognize all conditions that may impair vision, with the judgment and information necessary to assign to each its proper share in the causation of the patient's symptoms. The best measure of the extent to which lens opacity interferes with the patient's seeing is the extent to which it interferes with the surgeon's inspection of the optic disk and retinal vessels of the affected eye.—*Med. and Surg. Reporter.*

EPIDEMIC OF TYPHOID FEVER, AT PLYMOUTH, PENN.—Dr. E. O. Shakespeare, (Proceedings of the Philadelphia County Medical Society, May 13, 1885,) gave a verbal report of the investigations which Dr. M. S. French and himself, at the request of the mayor, had made concerning the nature of the Plymouth epidemic.

They had reached Plymouth on Saturday night, May 9, and on Sunday had an opportunity of making a post mortem examination on one of the patients who had died from perforation. Well marked evidences of peritonitis were found, the point of perforation being readily seen. On opening the intestine, the characteristic lesions of typhoid fever were well marked. The spleen and the liver were also enlarged and softened. Other post-mortems were made, showing the same condition. The clinical history of the patients examined also corresponded to typhoid fever. They had remained at Plymouth two days.

He then gave the following description of the conditions under which the epidemic arose:

The town of Plymouth nine months out of the twelve is supplied by a mountain stream, and during the seasons of drouth, usually three months in the year, water from the Susquehanna river is pumped directly into the mains at the lower portion of the town.

In consequence of the frozen condition of the streams in that portion of the country surrounding Plymouth, about the 20th of last March the usual mountain source of water supply became inadequate, and therefore the water company began on that date to pump water from the Susquehanna directly into the mains in the lower streets of the town, while the upper streets on the hillside were still supplied from the reservoirs of the mountain stream. The pumping from the river continued until the eve-

ning of the 26th, when a sudden thaw, accompanied by slight rains, again filled the reservoirs.

During the period of pumping from the Susquehanna, the water in that river was lower than it had been at any time for years, and the surface was frozen tight. The city of Wilkesbarre, containing 30,000 inhabitants, delivers its sewage directly into the Susquehanna, the mouth of the lower sewer emptying only two miles above the Plymouth pumping station, while the current is very rapid between the two towns. The water is further contaminated by refuse water from five or six mines, as well as by the garbage from the abattoirs at Wilkesbarre. Notwithstanding this unusually filthy condition of the Susquehanna water, it is beyond question entirely innocent of causing the epidemic, for the following and other reasons:

There was less of typhoid fever in Wilkesbarre at that time than usual. A section of Plymouth supplied exclusively by the Susquehanna water and by a few wells, containing a population of 800, is entirely free from the disease, except in the cases of eight persons, five of whom, previous to their attack, had been in the habit of going into the town and drinking the mountain water, while two were recent cases of secondary infection. In other portions of the town the extent of the disease was in direct ratio to the amount of mountain water used, and averaged 1-10 of the population.

The lower portion of the town was principally supplied with the river water at the time of pumping, while the upper portion at the same time received the greatest supply of mountain water. The rate of sickness is two cases in the upper portion to one in the lower, the latter having also been partly supplied from the reservoir.

The mountain stream has four reservoirs, the lower one distributing water throughout the town. The water in all the reservoirs was nearly exhausted at the time of the pumping and they were also frozen. The mountain stream is a small one, running down over a rocky bed, and on a declivity not eighty feet from its bed a dwelling is situated, wherein, during January, February and March, was located a case of typhoid fever that is only now convalescent, the worst period of the case being about

the 20th of March. The attending nurse was in the habit, during each night, of carrying the excreta from the patient and depositing it on the ground towards the stream. The ground during all this time was frozen and covered with snow, until the thaw and rain already alluded to occurred. The poisonous character of the dejecta is not destroyed by freezing, but is only kept in a state of hibernation. A great part of the three months' accumulation of dejecta was suddenly swept into the rapidly running stream, and reached the lower reservoir as quickly as a man walking fast could have arrived there.

In fifteen days from this time the epidemic began, fifty cases occurring daily between the 10th and 20th of April. Up to the present, twelve hundred have been sick and one hundred have died out of a population of eight thousand. For the first three weeks the few people in town who used well-water exclusively, escaped the disease. The period of incubation varies from ten to twenty days or longer, and therefore no other conclusion can be arrived at than that the infective poison existed in the mountain water, and originated from the one case of fever in the house on the side of the stream.

The doctor went on to say, that although those people who used the water from the pumps in the town escaped at first, it was now found that the new cases developed in those who use well-water. This was due to constant neglect to disinfect the excreta of patients sick with the disease. In many cases they were thrown only a few feet from the well, and in this way the well-water was now becoming contaminated. The people early became afraid of hydrant water, and were now in great numbers resorting to the wells. Therein is the danger of a continuance and further spread of the epidemic.

Notwithstanding the frightful lesson which one case of fever along the source of the water supply had taught the doctors and the people, not one precaution against the possibility of secondary infection from the sick in Plymouth had been taken. Drs. French and Shakespeare were the first to inform the local Relief Committee and the people of their present danger, and to

draft for them sanitary rules looking to disinfection of excreta, and of rendering the milk, water, and food harmless. They had occupied none of their limited time in looking into the milk or other food supply, for the reason that these could not possibly have been so universally contaminated as would have been required for them to have caused the sudden outbreak all over the town.

They regarded this Plymouth epidemic of typhoid fever as unique in many respects. It is one more proof that there is required for the production of typhoid fever something more than the mere contamination of the drinking water by common sewage or fecal matter; that on the contrary, for the production of a specific, infectious, and altogether characteristic disease, known as typhoid fever, there must be introduced into the human organism a specific, infectious and characteristic cause, which is elaborated by, and transmitted from a previous person sick with the disease.

It is one more example of the great injury to the public which may follow neglect of the use of disinfectants in the handling of isolated cases of infectious disease, and it is one more rebuke to those who, in spite of our modern knowledge concerning the infectious nature of typhoid fever, constantly neglect the practice of systematic disinfection.—*Gin. Lan. and Clin.*

REVIEWS OF NEW PUBLICATIONS, &c.

[All the books and pamphlets noticed in this department, are for sale by the ECLECTIC PUBLISHING COMPANY. Sent by mail, post-paid, upon receipt of price.]

PELVIC AND HERNIAL THERAPEUTIC'S.
Principles and Methods for Remedying Chronic Affections of the Lower Part of the Trunk, including Processes for Self-cure. By Dr. George H. Taylor, New York, 1885. Price \$1.50.

This work represents a positive departure from traditional methods, and indicates a more rational means for the relief and cure of the various abnormal conditions to which the pelvic and abdominal portions of the human economy are subject.

Fortunately, the methods of treatment elucidated in the pages of this book, while entirely original, are not merely theoretical, as is the case with a majority of the methods introduced to the profession, but are based upon well known and applied principles, and are susceptible of satisfactory demonstration. We would recommend the book to all progressive physicians on account of the rich store of valuable information imparted, and especially because it directs attention to new possibilities in the future for the relief of many abdominal diseases.

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS. Hints on Diagnosis and Treatment. By Lionel S. Beale, M. D., F. R. S. Published by P. Blakiston, Son & Co., Phila., 1885. Cloth, \$1.75.

The alarming increase in urinary and renal disease, has served as an incentive to the more thorough study of such disorders, and a correspondingly active effort to meet such cases by improved methods of treatment.

Many books on urinary diseases have been published, nearly all more or less valuable; but it has been reserved for Dr. Beale to write a work on this subject that can justly claim to be of more than ordinary value. Not only is it comprehensive, answering the purpose of a text-book for the student of medicine and a reference-book for the practitioner, but it possesses the unusual element of being thoroughly readable.

A TEXT-BOOK OF HYGIENE: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohé, M. D. Published by Thomas & Evans, Baltimore, 1885. Cloth, \$3.00.

In this work, the rules which govern the laws of health are presented in a practical shape. The author has "endeavored to gather within its covers the essential facts upon which the art of preserving health is based, and to present these to the readers in clear and easily understood language," and he has succeeded well. Certainly, there is no more important branch of medicine

than Hygiene, and such a work as Dr. Rohé's is not only welcome, but timely.

SANITARY SUGGESTIONS ON HOW TO DISINFECT OUR HOMES. By B. W. Palmer, A. M., M. D. Published by George S. Davis, Detroit, Mich., 1885. Pamphlet. Price 25 cents.

This little *brochure* is a resumé of the latest and best information on the household use of disinfectants, deodorants, and antiseptics; and of practical precautions preventive of cholera, diphtheria, scarlet-fever, and other infectious diseases. We would commend it to the attention of practitioners, especially in view of the threatened appearance of cholera during the warm months before us.

MISCELLANY.

HOW TO HAVE PURE DRINKING-WATER.—There can be no doubt that impure water is a prolific source of disease, and a great proportion of all typhoidal conditions have their origin in this cause. In large cities, and, for that matter, the smaller towns as well, the water supply is seldom in a fit state to be used for drinking or culinary purposes. That this is a well-recognized fact, is attested by the efforts made to devise methods for purifying this universal beverage. Filters of various kinds have been introduced that have more or less answered a temporary purpose; but until the invention of the Gate City Stone Filter, much had been left to be desired in the way of a perfect filtering apparatus. The following is a description of this filter: "The filtering medium consists of a very close-grained natural sandstone, which allows water to pass with reasonable rapidity, but totally excludes all solid particles, however fine. Moreover, the grain is so fine that these impurities never penetrate the filtering stone itself, but lie on the surface, from which they may be removed by means of a cheap brush and a little water. Unlike filters of sponge, cotton, wool, and other organic materials, this stone never decays or putrefies. Those who have seen putrid sponge filters will appreciate this point. This stone is cut into slices and fitted into tanks of various sizes and different materials—glass, crockery, enameled ware, etc."

From a practical knowledge of the

working of this filter, we have no hesitation in pronouncing it a great aid in the perfecting of sanitary methods. Write to the Gate City Stone Filter Co., 14 East Fourteenth St., New York, for descriptive circular.

"THE MISSING LINK."—In *Virchow's Archives* Lissner gives an account of a girl thirteen years old who has a congenital tail 155 cm. in length and 23 cm. in circumference.

Some one, imbued with the spirit of the Arabian Nights, has observed that there are men walking about in Germany without viscera, or with but a fractional part of the proper anatomical amount. Metres of their intestine have been resected; their spleens have been removed; one kidney has gone; they have neither pylorus nor gall bladder.

ERYTHROXYLON COCA.—Send a postal card to Mariani & Co., 19 East 16th St., N. Y., and request them to forward you their complete and interesting treatise on this valuable plant, from the leaves of which the anæsthetic, cocaine, is obtained. They will furnish this instructive little brochure by mail, free of expense, to subscribers of the *ADVOCATE*.

WHAT HE WOULD HAVE SAID.—A little Norwalk boy got a sliver in his foot, and a motion to poultice the wound, made by his mother and seconded by his grandmother, was carried in spite of his objections. He kicked and screamed and protested that he would not submit to any such indignity, but the majority against him was two to one, and the poultice was made ready. It was arranged that the grandmother should apply the poultice while the patient's mother stood over him with a stick, with authority and instructions to apply that also if he made the least show of resistance. When all was ready the youngster was placed on the bed and operations began. As the hot poultice touched the boy's foot he opened his mouth to say something, but his mother's stick awed him into silence. Again the boy strove to make himself heard, and again the upraised stick warned him to keep quiet. In a short minute the poultice was firmly in place, and the boy was tucked up in bed, there to remain until

the medicine had done its work. As the urchin's tormentors moved away, a shrill small voice came from under the bed-clothes, "You've got it on the wrong foot!"

MEDICAL JOURNAL ADDRESSES.—We have just received from the Illustrated Medical Journal Co. of Detroit, Michigan, several sets of their perforated adhesive medical journal addresses. The list includes besides the journals of the United States that are devoted to medicine, pharmacy and hygiene, those of the provinces of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They are just what every physician needs for addressing his reprints for journal notice, and medical colleges for addressing their announcements for a similar purpose.

Recent experiments indicate that normal power of taste will recognize the bitter of quinine when it is dissolved in 152,000 parts of water.

He lay in a stupor. The physician had said that he could not recover. The minister came, and, bending over the bed, solemnly remarked: "You must prepare for the worst." The poor fellow, whose wife had been doing the cooking, opened his eyes and said: "Why, is the dinner ready?"

A TRADESMAN having bought a door-mat with the word *salve* (welcome) in the centre, a country relative on seeing the mat remarked: "I say, Cousin John, what kind of salve is that you advertise on your door-mat?"

A NEW RESULT OF ROLLER SKATING has made its appearance. It might be called the roller walk, and may be observed in the carriage of young women who frequent the alleged baneful resorts. It consists in a short, quick, outward turn of the heel as the foot is raised in walking. The opponents of the rinks say that this is but the precursor of foot-and-mouth disease, cerebro-spinal meningitis, small-pox, spavin, black-death and a host of other horrible ills which are bound to afflict the race which permits roller skating or any other form of bodily exercise in which both sexes join.

He was a level-headed doctor who hired a house next door to a roller skating rink.

THE VERMONT STATE ECLECTIC MEDICAL SOCIETY held its twentieth annual meeting at Montpelier, June 17th. The following officers were elected for the ensuing year: President, H. E. Templeton; Vice-Presidents, W. D. Waller, H. Ingham, A. D. Ayer; Secretary and Treasurer, George H. Gray. Dr. Ayer reported the following resolution, which was adopted: *Whereas*, Gov. Gray, of Indiana, has seen fit to appoint Prof. S. S. Boots, of the Indiana Eclectic Medical College, to a position on the State Board of Health, therefore, be it *Resolved*, That the Vermont State Eclectic Medical Society, in convention this 18th day of June, 1885, at Montpelier, do hereby extend our thanks to Gov. Gray for recognizing that the members of the Eclectic school of medicine are equally worthy with other schools to hold public positions.

HYDROLEINE.—This preparation has proved of great value in consumption and kindred wasting diseases, and is being extensively prescribed by leading practitioners. Physicians who have not used it in their practice, and who desire to become acquainted with the principles upon which the discovery is based, should read the treatise by H. C. Bartlett, Ph. D., F. C. S., entitled "The Digestion and Assimilation of Fats in the Human Body." A copy of this work will be sent free on application to Messrs. W. F. Kidder & Co., 83 John street, New York, by mentioning the *ADVOCATE*.

DR. LYONS, of Detroit, Michigan, has produced a new salt of cocaine—the hydrobromate. This salt exists in crystals and is not deliquescent.

PINUS CANADENSIS.—For diphtheria, leucorrhoea, and many other diseases affecting the mucous surfaces, this remedy can not be approached in efficiency by any other in the *materia medica*. Samples of this and other valuable remedies (see page iii. of advertisements) will be sent to physicians, free of charge, if the *MEDICAL ADVOCATE* is mentioned, by the Rio Chemical Co., St. Louis, Mo.

Mr. T. Lauder Brunton, in the Lettoman Lectures, speaking of constipation says: "Formerly, while Casualty Physician to St. Bartholomew's I was accustomed to ask each patient the question, Are your bowels regular? I afterwards gave this up because I found it was ambiguous. I one day asked this question of a young woman and she answered, 'Yes, sir.' I then asked, 'How often do they open?' and she replied, 'Once in three weeks, sir.'"

Lawson Tait says: "The amount of worry which is given him by every case of hysterectomy, even when successful, is such as to be almost beyond the recompense of any fee; and the disappointment inflicted by every death is quite indescribable."

ELECTRO-MEDICAL APPARATUS.—Are now recognized as indispensable to a physician's outfit. A good battery, if used with care, is a source of pleasure and profit to its possessor. A poor battery is usually out of order, when needed, and too often is a source of deepest mortification. Those requiring anything in this line should consult the Jerome Kidder Manufacturing Company, 820 Broadway, New York. Take nothing but first class goods.—*Leonard's Ill. Med. Jour.*

DRAMATIS PERSONÆ.—Gynecologist, and Patient who had married a widower with several children, one of whom was in the waiting-room. *Gynecologist*, looking through a speculum—"How many children have you?" *Patient*—"We have four in the family, doctor." "Ah! four children. That explains the condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorrhaphy." "But, doctor, ain't you mistaken? I—" "Mistaken, madam! Impossible. I tell you, you have laceration of the cervix, dating from your last confinement." "But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But, doctor, I *will* speak. I never had a child. The children we have are my husband's by a former marriage." *Tableau.*—*Med. Age.*

The Medical Advocate.

VOL. VII., OLD SERIES, {
VOL. II., NEW SERIES. }

NEW YORK, AUGUST, 1885.

No. 8.

Millions in the New Cathartic.

BY

RICHARD E. KUNZE, M. D.
NEW YORK CITY.

Notwithstanding homœopathy, there are millions in this new cathartic. Millions of what? Millions of microbes in this, the latest of "new remedies" of this progressive age. M. Pauli, assistant of *Dr. Ferran*, the discoverer of alleged vaccination against cholera with the *comma-bacillus*, makes the astounding assertion that the cultivated cholera microbus is one of the best cathartics of the materia medica, and, to use his own words, "considers it a drastic preferable to either epsom salts or castor oil."

He claims, that after having vaccinated himself with the domesticated microbus, he can with impunity use the non-attenuated microbus, either by the subcutaneous process or in a draught.

The name of this new cathartic is not yet covered by patent, and here is a chance for some of our enterprising American manufacturers to enrich themselves with the glory of having been the first to introduce it on this continent, and of laying a foundation for the other kind of millions, which all pushing Yankees so eagerly look for. Only think of it! A fluid extract of the highly cultivated Cholera Bacillus! A normal tincture of the highly abnormal cholera germ! No one would think of making a green tincture from rice-water discharges, and green stools are not a choleraic symptom. But the *comma-bacillus* could possibly be gelatine-coated or highly sugared up into pellets and wafers for those accustomed to taking dulces and other comforts. The original article being already somewhat attenuated, no objections even can be offered by high-potency men and other placebo Asklepiads.

Here is a bonanza, and there are millions in it both of money and microbes. This Spanish chemist has given us the secret his Moorish alchemystic predecessors vainly tried to discover, of util-

izing this new and attenuated "liquid gold" as a veritable *Elixir Vitæ*.

Desire.

BY

FRANK W. VANCE, M. D.,
MEMPHIS, TENN.

Psychologically, desire may be defined as a yearning of the organism for an anticipated psychical state. Physiologically, it may be defined as an unequilibrated condition of that nervous organism concerned in the formation of the specific desire.

Unequilibrated condition of the nervous organism is either dynamic or adynamic. Dynamic, when excess of nervous energy stored up in the nervous centre or centres of desire causes a yearning for this energy to be spent in bringing about motions by means of which, by carrying off energy, the desire is gratified: adynamic, when deficiency of nervous energy stored up in the nervous centre or centres of desire causes a yearning for the deficient energy to be restored. Desire for physical and mental activity, as well as animal appetites, are dynamic desires; on the other hand, desire for physical and mental rest are adynamic desires.

The gratification of desire is either immediate, as when satisfaction is attained through functional reactions which drain off or else restore the unequilibrated state of the desiring organism; or mediate when satisfaction is attained not directly by the motor or functional reactions in themselves, but by means of these reactions originating other actions in which the satisfied desire is expressed. For instance, as an example of desire mediately satisfied: The desire for breath manifests itself in its gratification by motor reactions concerned in the act of respiration. But the mere act of respiration does not satisfy the desire, for if the inspired air is full of carbonic acid gas, the desire for breath still continues in spite of vigorous activity of the respiratory muscles.

Thus the desire is not immediately satisfied through respiratory motions in themselves, but mediately by appropriation of oxygen, by these motions the oxygen finally entering into the nervous centres of respiratory desire, thereby causing restoration of equilibrium in those centres which yearned, and expressed themselves in respiratory actions—for breath. It is hard to tell whether respiratory desire is dynamic or adynamic—whether satisfaction is brought about by physio-chemical union of oxygen with the nervous centres of desire, thereby causing a toppling over of a dynamic unequilibrium, or building up or restoration of an adynamic unequilibrium.

Gratification of desire for physical and mental exertion is immediately satisfied in the motive acts themselves, for these acts drain off the surplus of energy on which the dynamic desire depends.

Gratification of desire of physical and mental rest is immediately satisfied by sleep, through which state restoration of lost energy is brought about.

Desires are as multitudinous in their specific determinations as are sensations. Complex and intricate in their types, especially so in their expression in the higher cerebral processes of emotional life. "I would be well for the nervous specialist to investigate the subject of desire as manifested in the lowest modes of unconscious vegetative gratification to the highest manifestations in intellectual-emotional gratification, pathologically as well as physiologically.

Cathartics.

BY

W. H. BLAKE, M. D.

PHILADELPHIA, PENN.

Cathartics or purgatives are medicines which increase the quantity or the number of the alvine evacuations; they are divided into two classes, viz., the direct or specific cathartics, and the indirect or irritant cathartics. Those which act mildly are also termed aperients or laxatives; those which are violent in their operation, drastics; and those which cause copious watery stools are termed hydrogogues.

The true, direct, or specific cathartics, whether absorbed from the alimentary canal, from the surface of the skin, from

the pulmonic membrane, the fine dust of them being inhaled, or whether in solution they are injected into a vein, all enter the blood in a state of solution, and are finally excreted by the glands of the intestinal canal, in their passage exciting those glands to augmented secretion and thereby purging.

All medicines and other substances which, being unabsorbed, by mere external irritation cause increased secretion by the intestinal glands, or promote the evacuation of the bowels, whether by reason of some special irritant property, or solely by the presence of their mass, are regarded as indirect cathartics; they are not eliminators, nor do they directly influence the nerve centres; but in the same way that any irritation of the mucous membrane lining the mouth will cause the secretion of saliva, so may mechanical or other irritation of the mucous membrane lining the bowels by ingesta cause an increased secretion of mucous by that membrane, and at the same time provoke, reflexly, increased peristaltic contraction; thus substances which after being taken into the stomach are not absorbed, but are pushed onward along the inner surface of the intestine by their mere accumulation, may excite muscular contraction and have, in greater or less degree, the effect of a purgative: the ligneous fibres of vegetables, the bulky pulp of fruits, and the husks of wheat and corn in bran and brown bread, all thus tend to increase peristaltic motion, and to have the effect of laxatives. And, if resinous cathartics are given in doses too large for complete absorption, the portion absorbed acting directly, and the unabsorbed portion acting at the same time indirectly, reflexly, they may sometimes cause very powerful and even dangerous effects.

The salines, *i. e.*, the salts of the alkaline and earthy metals, are hydrogogue cathartics; they require water for their solution, and having a great affinity for it, they take with them through the glands of the bowels a large quantity of the aqueous portion of the blood, and, when their action is very powerful, some of the albumen of the blood, in an altered state, may be purged away with the serum.

Saline cathartics, particularly the sulphate of magnesia, are often productive of hypercatharsis, especially among res-

idents of the tropics, and during the warmest weather in more moderate climates; and they should always be cautiously used during damp and chilly weather, as they induce a negative condition in which the patient is extremely liable to "take cold." And, except perhaps in very small doses, they are rarely suitable for the old or feeble at any time.

Properly used, the salines are commonly mild in their operation, and cooling; they render the blood more fluid, prevent the coagulation of fibrin, and to some extent dissolve it when coagulated; hence they ensure a more free circulation, and lessen friction and the general internal temperature; therefore they are esteemed for inflammatory affections.

When vegetable salts of the alkalies, acetates, etc., are given in small or diuretic doses, they are, while in the system, decomposed into carbonates; but when given in such doses as pass off quickly by the bowels, no such change is apparent.

Other salts of the alkaline and earthy metals, soda, magnesia, etc., are more or less purgative when taken under suitable conditions; but under other circumstances they may pass off by the kidneys, or possibly in some degree by the glands of the skin.

When a soluble saline has entered the blood it will, by reason of its affinity for the watery portion of that fluid, be carried with it through whatever channel it is finding exit; and if in but small quantity, it will mostly pass off by the kidneys, exciting by its presence greater activity in their function, and thus proving in some degree diuretic; but if in sufficient quantity to also strongly excite the excretory glands of the bowels, by far the greater portion will pass off by the larger channel afforded by the great multitude of those glands, and no diuretic effect is perceived; on the contrary, the great efflux of fluid caused by the increased functional activity of the intestinal glands so reduces the amount of blood flowing through the kidneys, that the secretion of urine may be perceptibly diminished.

Besides the salines, Gamboge, Colocynth, Elaterium, and Croton oil, all vegetable products, are also hydrogogue cathartics.

Medicines which are thought to excite

increased activity of the liver, and to promote the expulsion of bile, are called *chologogues*. All cathartics, particularly the drastic purgatives, act, to some extent at least, as indirect chologogues. The constrictor muscular fibres of the stomach and intestines, as well as of the gall bladder and gall ducts, are all energized by nerve fibres which have origin in ganglionic centres, which centres are by commissural fibres more or less connected with each other; whatever, therefore, powerfully excites any one, or more, of these centres, may have some influence upon all: thus an increased amount of bile is poured into the duodenum during the process of digestion; and during the influence of a drastic purgative there may, by reason of its effect upon the circulation, be an increased amount of bile secreted as well as evacuated. Of the number of medicines, if any, which pass out in the biliary secretion and on their way excite the hepatic gland to increased functional activity, and are thus consequently *true* chologogues, we are not sufficiently well informed. It has been maintained that mercury does this, and many long-continued experiments have been made to determine the fact; but the weight of evidence now is to the effect that mercury is not a true chologogue. The experiments of Dr. Wm. Rutherford on dogs, however, tend to prove that sulphate of Manganese, Sulphate of Soda, Phosphate of Soda, Aloes, Rhubarb, Podophyllin, Jalap, and Colocynth, do strongly excite the liver as well as the intestinal glands.

The aperients constitute a numerous class, which include members of each of the other classes; they are commonly mild, gentle and unirritating in their influence and but moderate in their effects—prominent among them are Juglans, *Sal Rochelle*, Castor oil, Podophyllin in small doses, Calcined Magnesia, Citrate of Magnesia, and various waters holding mineral salts in solution. The Calcined Magnesia often fails to act as a purgative unless combined with lemon juice or some other acid; and the Citrate of Magnesia is by no means altogether reliable; it sometimes having no effect, and at other times operating excessively.

Cathartics are used to remove undigested matter or accumulated feces

from the intestines ; to act as derivatives by taking away much of the serous portion of the blood ; to promote the secretion of biliary matter, or to secure its more free discharge into the duodenum ; to promote the discharge of other secretions, *e. g.*, purgatives often promote the action of diuretics ; to increase the efficiency of the absorbents in all parts of the body ; to effect remote organs, on the principle of revulsion or counter-irritation, *e. g.*, Croton oil for cerebral affections ; to act indirectly as emmenagogues by exciting the various pelvic nerves and vessels.

Persons of a melancholic temperament require cathartics more frequently than do those of the sanguine temperament ; and they are also more required by women than by men, chiefly, perhaps, because they usually exercise less ; but they may prove useless for the constipation of hysterical women, and often for that of the insane, unless preceded by such antispasmodics as aconite, veratrum viride, or gelseminum.

The cathartics best adapted for old age, and childhood, are those of a warm character, such as rhubarb, senna, etc. By such persons the salines should, as a rule, be avoided.

In the selection of a cathartic, the facility with which it may be administered, the length of time required for its operation, and the particular effect desired, are all subjects for special consideration. Thus a drop or two of croton oil placed upon the base of the tongue will be efficient in cases of apoplexy, mania, or asphyxia, etc., and when the patient is otherwise unable or unwilling to swallow a draught or a pill. The purgative effects of the specific cathartics, Aloes, Senna, Castor oil, Croton oil, Colocynth, and Rhubarb, may be obtained, though not in so constant or uniform a manner, if applied to the skin, or to an abraded surface, or if introduced hypodermically, instead of being taken into the stomach ; but such methods are not always available ; Senna in fomentation over the abdomen often answers well ; both Rhubarb and Aloes, in solution, may be effective ; Castor oil may sometimes answer, but its uncleanness renders its external use objectionable ; Croton oil is obviously inapplicable as an external agent for cathartic purposes, and used endermically it

causes painful abscesses ; and though Colocynth may cause purging if used in solution upon the skin, its effects are difficult to regulate, and may be severe, it having even caused death when applied to a raw surface. But when it is of importance to speedily unload the bowels, or when the patient is unable to swallow, these remedies may sometimes be advantageously administered in enemas.

For acute sthenic disease the salines are best adapted, operating in from three to four hours. Croton oil generally operates in one or two hours ; Jalap, Scammony, Gamboge, and Senna, in three or four hours ; Rhubarb, and Castor oil in from four to six hours ; Aloes, unless taken in solution, requires several hours.

Most cathartics affect more especially some particular portion of the intestinal canal ; Jalap, Podophyllin and Colocynth, irritate the duodenum and promote the discharge of bile ; Aloes and Scammony act more particularly upon the colon and rectum ; Senna upon the small intestines ; and the saline and oleaginous purgatives upon the whole intestinal tract.

Combinations, as well as physiological conditions, greatly modify the effects of purgatives. Camphor increases the effect of colocynth, but renders aloes less irritating. During spasmodic affections the effect of a cathartic may be promoted by the addition of opium ; and if there be a continued tendency to rigidity of the circular fibres of the intestines, preventing peristaltic motion, as in cases of hysteria and of insanity, veratrum viride or gelseminum, by abating that rigidity, favor the action of a purge. The effect of Senna is promoted by the neutral salts. Soap and the aromatic oils greatly modify the effects of aloes ; alkalies commonly modify the effect of the drastic purgatives, and hyoscyamus tends to prevent spasmodic contractions (gripings), and tenesmus.

Active purgation was formerly much favored in the treatment of the *insane*, but it is now for the most part eschewed ; the bowels may commonly be regulated by dietetic means, but if a purge is needed, a dose of aloes, rhubarb, or castor oil, will usually answer the purpose ; indeed, a moderate dose of oil often succeeds when the most drastic

purgatives, especially if unassociated with some sedative antispasmodic, fail.

A brisk purgative, at the outset, sometimes arrests *acute delirious mania*; but violent purgation is to be avoided; it causes exhaustion, which is one of the chief dangers to be apprehended. Castor oil in such cases is not only less exhaustive, but usually more effective than drastic purgatives.

Active purgation at the onset of *delirium tremens* is often of essential service in cases of the young and robust, when resulting from the ingestion of a large quantity of spirits; but it is prejudicial rather than otherwise in cases of the old and debilitated, and the habitual drunkard.

Purgatives are of great value for *acute hydrocephalus*, their action being maintained by small doses repeated every few hours. Stronger doses repeated less frequently will not answer nearly as well; and in all cases their selection and regulation must be determined by the strength of the patient.

Only the mildest of aperients are admissible during *gastritis*. Castor oil is one of the best of these, and even it is often best given in enema.

In the treatment of *anasarca*, *ascites*, and *dropsical affections generally*, active purgation is often of great service; the hydrogogue cathartics, such as elaterium and gamboge, are the most generally applicable, and the bitartrate of potassa is also particularly valuable; their use is often attended with speedy and decided relief (not cure), but great caution is necessary in their exhibition when the patient is debilitated.

When *dropsy* is connected with *heart disease*, powerful purgatives should not be used; we may possibly by such means get rid of a large quantity of fluid, but it will probably be at the expense of much of the patient's strength, and we may, very possibly, get rid of him also. The effect of depressants upon the circulation and the danger of fatal syncope, always incidental to heart disease, must never be forgotten.

In the treatment of *congestion of the liver*, active chologogue cathartics, frequently repeated, seem essential.

Aperients are often used with apparent advantage for recent cases of *diabetes*, when the patient is not much debilitated; free alvine evacuations may,

for the time, considerably reduce the amount of fluid discharged through the kidneys, and in some measure correct its mellitic character: Rhubarb or Magnesia, singly or combined, are used, but such is of course only adjunctive treatment.

For some spasmodic affections of the bowels, *flatulent colic*, etc., a purgative of castor oil, or oil of turpentine, or both combined, often afford immediate relief; but as remedies for *habitual constipation*, purgatives are generally ineffectual.

For *colica pictonum*, purgatives are undoubtedly useful, but they are only to be regarded as adjuncts to other treatment; the sulphate of magnesia, sulphate of alum, oil of turpentine, and castor oil appear to be the most appropriate, and they are advantageously combined with opium and other antispasmodics.

In the treatment of *puerperal fever*, and *puerperal peritonitis*, the weight of evidence seems to be in favor of the use of mild, unirritating aperients judiciously combined with Dover's powder, or hyoscyamus to prevent tormina, which latter, though not the cause of it, often precedes metro-peritonitis.

For *chorea* the best authorities agree that combination of purgatives with antispasmodics and tonics is far more effective than either employed singly. There is in this disease a tendency to constipation which seems to render the use of cathartics essential.

During *hysteria* it is also essential that the bowels be kept open; when constipation exists in connection with uterine torpor, aloes are preferred; if with biliary derangement, podophyllin; if with plethora, salines; yet active purgation is not in any case advisable; indeed the Tr. Nux Vom., combined with Tr. Veratrum, in small doses, frequently repeated, will often obviate the necessity for a cathartic.

For *acute and chronic rheumatism* purgatives are often of great service. In the treatment of *sciatica* it is essential that the bowels be freely moved; there is often a tendency to constipation which must not be overlooked; it tends to aggravate the suffering, owing to pressure of accumulated feces upon nerves within the pelvis. Active purgation, however, is not desirable, and the phosphate of soda commonly proves an effective laxative.

Active purgation has been highly recommended for *neuralgic affections*; but it is not good practice; there is temporary relief at the expense of great loss of strength, when increase of strength is the grand desideratum. The blood vessels are distended, and there is consequent congestion and possibly inflammation of the nerve sheath, in consequence of their enfeebled condition.

Cathartics, by taking away a portion of the serum of the blood, in some degree abate the pressure in the congested capillaries, but increase the debility upon which the congestion depends, and as the fluid portion of the blood again accumulates, the pain is liable to be worse than ever.

Cathartics cause increased secretion from the inner surface of the bowels and promote the expulsion of their contents. The first is an act of elimination, and could hardly occur without being followed by the other, although an expulsion of the contents of the bowels may occur without any perceptible increase in the amount of secretion.

The feces consist of undigested and residual portions of food, together with a secretion from the inner surface of the bowels consisting of mucous, salts, albuminous matters in a state of change or undergoing decomposition, and a crystalline substance called excretin. From the measurements of Meckel it appears that the surface of the intestines measures about 1,400 square inches, which, being covered with a closely-packed glandular apparatus, is therefore the largest secreting organ in the body. By the administration of cathartics we are enabled to act upon this entire surface, or upon particular portions of it, and cause a simple increase of the secretions thereof, or even in an altered state, an outpouring of the serous portion of the blood. When the intestinal secretion is checked, we may cause its removal; and by its excitement we may afford a patient relief when another secretion is suppressed; for catharsis is in a manner complimentary to the other secretions, especially those of sweat and urine; it is lessened when they are in excess, and supplies their place when they are deficient; excessive perspiration renders the action of the bowels less frequent and less easy; diuretics and diaphoretics often counteract catharsis,

and a cathartic diminishes perspiration. Dr. Richardson relates the case of a boy who lived seventeen years without any secretion of urine, the deficiency being supplied by a constant diarrhoea. When urine is deficient, as in Bright's disease, a diarrhoea often occurs as a consequence of the lax and distended condition of the blood vessels, and by the use of purgatives we may hope to avert, or at least in some degree to retard, the dropsy which is to be apprehended.

When a cathartic is received into the stomach, it is with other matter in solution absorbed, and passes into the circulation; but it is a foreign body, unnatural to the blood, and cannot remain in it; it is therefore at length by excreting glands expelled from it into the intestinal canal, and may be found in the excrementitious matter. Jalap, Scammony, Rhubarb, Gamboge, and the Sulphates of Soda and of Magnesia have been so found.

Although comparatively little is known of the separate functions of the glands of the intestinal mucous membrane, it is generally supposed that a large portion of the fecal matters consists of excrementitious substances which are separated by them from the blood. Liebig argues for the secretion of the greater part of the feces on the ground that they contain certain nitrogenous matters, which, inasmuch as all nitrogenous parts of the blood should be absorbed for the purpose of nutrition, are probably therefore excreted products of changes in the system which it is the function of the intestinal glands to separate from the blood. Furthermore, the secretion of feces continues when no food is taken; it is known to occur with starving men, and with fever patients.

The odor of the feces is partly due to sulphuretted hydrogen and hydrosulphate of ammonia; both products of animal decomposition. The black color of the stools when salts of iron are administered is also due to the presence of those gases, it being a result of their combination.

The constituents of the body, whether living or dead, are constantly subject to chemical laws, and all parts of it are constantly undergoing the changes incident to the destruction of worn-out tissue. Some products of these changes

are eliminated in the urine; but the larger portion are apparently discharged from the body through the follicles and glands of the intestines, being carried to them in the blood-current. The rapidity of these changes is augmented by heat; and it is for this reason that the natives of warm climates excrete a much larger quantity of feces than those of colder latitudes; and also that they are more subject to diarrhoea, dysentery, and cholera. These changes may also be accelerated by septic or other poisons; and thus the diarrhoea and ulceration of the glands in typhoid fever have been accounted for. The air of a dissecting room, the use of water contaminated by decomposing organic matter, or the vapors and gases from an adjacent sewer, or from decomposing vegetable matter, are apt to cause diarrhoea by exciting sepsis of the blood, and a diseased condition of the intestinal surface may be established by mental excitement, overwork, or severe bodily exercise, as either of them causes great waste of tissue. Furthermore, constipation is most common in youth when nutrition is greater than waste; diarrhoea is most frequent in old age when waste and decay exceed nutrition.

When effete materials which should be excreted are retained in the blood, as results from constipation, they cause torpidity of the brain, and render the general system subject to every phase of morbid action; indeed, such matters when retained in the blood have a peculiar effect in aggravating any existing disorder of the brain, so that from the earliest times drastic purgatives, particularly hellebore, have been strongly recommended for cases of mania; and in most diseases there is apt at some period to occur a derangement of the intestinal function for which some form of purge will prove advantageous. Either there is constipation and consequent danger of fecal matter being retained in the blood, or there is diarrhoea due probably to an excess of those materials in the blood; and for either case a suitable eliminative cathartic may be most useful, not only hastening recovery, but possibly saving life.

Although purgatives are the most useful as well as the most powerful of eliminative medicines, they are not to

be used without discrimination. When an aperient is to be administered, the constitution, temperament, and present general condition of the patient are to be carefully considered; generally speaking, salines are not suitable for old, debilitated, or anæmic patients, nor aloes for hemorrhoidal people, and as a general rule powerful drastic purgatives should never be given when less severe agents will answer.

Cathartics should not be given a woman while menstruating; and during pregnancy they should be used with caution, for the uterus is liable to be affected by drastic purgatives, such as aloes, colocynth, etc., and milder agents, such as castor oil, or confection of senna are to be preferred.

Cathartics are not required for all cases of simple constipation. Some people have a natural movement of the bowels only once in two or three days, and yet seem to have excellent health; and to such persons the common use of cathartics would not only be useless, but probably injurious.

Cathartics should not be given immediately after a full meal, and commonly they should not be given so as to interfere with the regular rest; yet, when given for their chologogue and eliminative effect, it is often thought best that they be taken at bed-time, as when the body is at rest they remain in the system longer than when it is exercised, and are therefore thought to do their work more thoroughly.

Cathartics are contra-indicated by great debility, by anæmia, by an inflamed condition of the stomach or bowels, by peritonitis, and by passive dropsies; particularly hydrothorax occurring in old persons, or those of broken-down constitutions.

Cathartics, as a rule, should not be used during fevers, unless it be essential to remove from the intestinal canal the remains of undigested food or other morbid matter the presence of which would be harmful; and in such cases the mildest of efficient remedies should be chosen.

The habitual use of cathartics is apt to exhaust the energies of the stomach and bowels, and to induce a dyspeptic and constipated habit; in fact, the action of cathartics is usually followed by a greater or less degree of constipation;

such is peculiarly the case with rhubarb, but it is less noticeable with the salines and with castor oil.

However valuable the group of remedies known as cathartics may be, and however indispensable they are in many cases, we must never forget that they are powerful depressors, and that their misuse may be the cause of great suffering, if not of death. There is not a particle of doubt that many a sick person has died in consequence of the injudicious administration of a dose of physic. In the earlier stages of typhoid fever, the three to five compound cathartic pills which have in the past been so frequently prescribed, commonly proved to be most deadly missiles; and we do not hesitate to declare that of all the cases of typhoid fever in this country during the last fifty years, a larger number would probably have recovered if they had had no medical treatment at all, than did recover with such treatment as has been the accepted and practiced.

It should always be borne in mind that disease wherever met, and in whatever form manifested, is an indication of impaired vitality; that causes of disease are depressing, and whilst they exist, lower vital power; and that all agencies employed in the treatment of disease should act in one of two ways, viz., either to remove the depressing cause, or to increase the vital power for better resistance, and the subsequent restoration of structure and function.

Geranium Maculatum.

BY

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As this is the time when the small boy and the small girl eat green apples and taste of other forbidden things, and "summer complaints" are rife throughout the land, astringents are now frequently indicated. Not that all of these cases are to be treated with astringents; that would be bad practice. Some need emetics and others laxatives, but a vast majority should have neither, the small dose of aconite, ipecac, nuxvomica, oxalate of cerium, bismuth, etc., giving better results. Yet there are cases in which an astringent is impera-

tively demanded, and in these, *Geranium Maculatum* will be found to fill the indication admirably. It should be given in doses of from five to twenty drops of tinc. $\frac{v}{i}$, and repeated every thirty minutes to every hour in acute cases, and every two hours to three times a day in cases of a chronic nature. Its pleasant taste and freedom from offensive odor make it a very acceptable remedial agent in the treatment of children and persons having delicate stomachs.

In my practice several cases of chronic diarrhoea have been brought under the curative influence of *Geranium* after several other reputable remedies had signally failed to obtain the least control over the morbid discharges. The diarrhoea of phthisis pulmonalis is greatly modified by the timely exhibition of this remedy. It is also an agent of recognizable power in passive hemorrhage from the bowels and other mucous surfaces. *Geranium* and *Baptisia* combined act well in typhoid conditions, and materially aid in disposing of the diarrhoea and correcting the putrefactive tendency.

Of course *Geranium* has other uses, but of these it is not my purpose to speak at this time.

In this article it is probable that I have not advanced anything new to experienced Eclectic physicians. But, then, I do not write for their benefit. My articles are written for the simple purpose of calling the attention of students and young physicians to a few things which I have experimentally found to be of value to all who deal with that form of life known as disease.

It has for some time been a disputed question whether diseases produced by micro-organisms were transmissible, but the weight of authority has been decidedly against the view. Some recent observations and experiments, however, prove that the transmission of pathogenic microbes from parent to offspring really do occur in at least one of the bacteria diseases, that of anthrax. If true of this disease, it is probably true of others, as consumption, and children may not only inherit from their parents narrow chests and weak lungs, but tubercular disease itself.

The Scientific Unity of Medicine; or, Homoeopathy and Allopathy Reconciled.*

BY

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(Continued from page 267.)

More or less all definitions of disease, from the remotest times, had the equilibrium of forces in view, of which the law of conservation of energy has become the first adequate scientific expression. Even the ancient East Indians by their old medical writings† give testimony that they saw health in a certain harmony, for they called sickness a disturbance of the normal functions of the body and mind. More clearly this was pointed out by Hippocrates, who was of opinion that health consisted in a certain evenness of the humors of the body, whose inharmonious interchanging action caused disease. And the founder of the "methodical school," Asklepiades of Prusa,‡ follows up in declaring sickness to be an unruly movement of the smallest particles of the body. Galenus claimed sickness to be a painful, unnatural disproportion of the solid and liquid parts of the body, and a disorderly mixture of its juices, and Paracelsus|| held it to consist in a disorderly proportion of sulphur, salt, and mercury, claiming, besides, that all is metamorphosis in nature, the being that arises preying on some others going down. Francis de la Boë,§ the founder of the iatro-chemical school, defined sickness as the prominent acting of only one of the acid and alkaline constituents of the ferment going on in the body, and his follower, Thomas Willis,¶ of Oxford, similarly saw its cause in fermentation and frothing in which vital spirits played a prominent part; while the founders of the iatro-mathematical school** saw sickness in a "stasis" or constipation of pointed and edged crystals in the blood which would be unable to perforate the

pores. Sydenham,* surnamed the modern Hippocrates, did not deserve so much of the profession by promoting medical theories as by leading back to rational practice; but in doing so he dwelt extensively on the character of action peculiar to all disease, which standpoint, with more precision, perhaps, was taken by Boerhaaven,† who in so many respects was his equal. According to this greatest Eclectic that ever lived, sickness is the state of the body when its "movements" are disturbed and unsteady, and do not get on except with difficulty, and henceforward, this dynamical element in no definition ever was lost sight of.

The system of Friedrich Hoffman, the founder of the mechanico-dynamical school, of William Cullen (1709-1790), the founder of the nervo-pathological school, and of Anton de Haën, the founder of the older Vienna school, did not differ about the cognition that life is motion, and disease a disturbance of the normal manifestation of this motion, but only about the causation and effects and about the special application of the general principle. Even John Brown (1735-1788), although he prided himself upon his originality, founded the system called after his name on dynamics, setting forth excitability generally as the cause as well of health as of disease, of which idea the "stimulo" and "contra-stimulo" of Giovanni Rason, of Parma, was a bad copy, while Schönlein, who was a celebrated clinical professor in Berlin, Germany, and yet never wrote a book except his inaugural dissertation and an occasional paper, refused the best idea of Brown, that there is no diametrical opposition between health and disease, both being only modifications of one and the same motion, life. Nevertheless, Schönlein recognized disease as a dynamic element; he considered it as a kind of parasitic *generatio equivoca*, an individualized alien intruder preying upon the body of man, whose health, in his opinion, was a result of the dynamical powers of the individual overpowering the dynamical powers of the planetary system, a conception which reminds us of Paracelsus, interchangeable metamorphosis of micro- and macro-cosmos.

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‡From 1000, B. C.

||150-55, B. C.

¶1498-1541.

§1614-1672.

¶1622-1675.

**A sect which flourished about the middle of the seventeenth century.

*1634-1689.

†1668-1738.

Among the prominent authorities of the present time, we cite Heule, who calls disease a deviation of the normal, typical, that is, healthy process of living, a modification of health brought about by an expectoration of the normal force under exceptional circumstances, and with whom agree Virchow, of Berlin, and Bouchut, of Paris, although of these two, either expresses himself in a way peculiar to the standpoint which he is occupying with reference to secondary points. Life, says Bouchut, is impressionability; diseases, therefore, are nothing else than altered impressions. Virchow denies that in reality there be such a thing as sickness. Life in its essentiality being cellular movement kept up by outward irritating agencies which produce an effect on the innate forces and capacities, sickness is only an abstraction. Either of the two, sickness and health, are life itself, or, if you prefer, the constituents of it.

Even in mental disease, science has come to the conclusion that life consists of a dynamic process. Dr. Buckwill regards insanity as "a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have, separately or conjointly, been produced by disease." Broussais states that he cannot seize the *quo modo* of the manifestation of thought, in consequence of the movement of matter. But nevertheless, he says it is true that we notice it; he does not doubt the human intelligence being a manifestation of the movement of our brain, as a physiological fact. Last, not least, there is full agreement as to the dynamical theory on the part of homœopathic writers. Dudgeon, in his excellent lectures on the theory and practice of Homeopathy, states: "Life may be said to consist of the phenomena resulting from the action of certain powers or stimuli upon a certain susceptibility, the balance of which constitutes health, and the loss of this balance, disease." And this adherence of the eminent Homœopath to the opinion that the essential in disease as well as in health is motion, is rendered more valuable by his enunciation, "inflammation may be taken as the type of all diseases," for, as we have seen above, there is no form of a disease where the dynamic character

of all pathological processes is more obvious than with inflammatory conditions.

There can be no doubt, therefore, that, be the minor dissensions whatever they may, the agreement about this principal point, I mean the general character or principle of disease, is universal. Natural science established it, and medical science cannot help accepting it.

In its way, physiology taught the transformation of energy thirty and more years ago: "It is to be received as a doctrine admitting no controversy, that organic systems, whether humble or elaborately developed, possess no power of creating material. Their function is of necessity limited to the mere transformation of substances furnished to them. From this it follows, even in the case of man, that the substances dismissed from the system are metamorphosed forms of those which have been received, and that, whatever their appearance may be, they must have arisen from the reaction of the food, water, and air upon one another." But progress of science is slow. Although now-a-days it is fully recognized that the object and aim of physiology is to find out and state the proportion in which the differentiation of protoplasm in the body participates in the result realized in its organization, yet the blood-circulation, when fully demonstrated by William Harvey,* was disbelieved and decried by learned medical practitioners of high scientific standing at the time, and this in spite of pretty determinate suggestions of the theory being found in Galenus' and even Erasistratus' works. And the recognition of the universal circle is now complete: "starting from the mineral kingdom as carbonic acid, water, and ammonia, the elements of organic nature pass through a succession of changes, first in the vegetable and next in the animal, until they reach the summit of organization, when they again return to their primitive condition. In this manner a never-ending round of change is perpetuated, and the same material and the same force are kept moving in the same continuous circle. Through the efforts of the plant, the

*1578-1658.

crude materials are formed into vegetable acids, sugar, gum, starch, fat, albumen, and tissue; and then the animal converts them into higher forms of structure as gelatine, muscle, and brain; the two extremes, therefore, of these changes are, to use the words of Gerhardt, carbonic acid, water, and ammonia, at one end; albumen, gelatine, fat, and cerebral matter at the other—but the transitions to these extremes are countless, and are, as yet, beyond the reach of science. Broadly, however, we may say that the chemical functions of the plant are those of reduction or deoxidation, whereby carbonic acid and water are deprived of their oxygen, and moulded with nitrogen into food; while those of animals are of an opposite nature, for they destroy this food by oxidation. The plant, therefore, is the machine and medium whereby carbonic acid, water, and ammonia are converted into new compounds, and light and heat are transmitted into chemical affinity; and the animal is the medium or machine whereby these compounds are destroyed, and their affinities changed into other manifestations of force, and finally into heat. In this way, the circuit of change is completed; and it is not difficult to trace the phenomena of vitality to the cosmical forces which the plant had imprisoned.*

All these chemico-physiological achievements have been extensively utilized, and are being taken advantage of by the theory and practice of medicine and *materia medica*. They have been used as a basis, even, to build up a new and quite modern science called "public hygiene." But all these medical branches have not profited by the obtained results of experimental investigation, except in the direction of special medication or specific applications and appliances. As regards the general axioms of medication, our science has not been benefited by the enormous progress upon the whole line of natural science—there is nothing, indeed, to be noticed of the modern turn of things; the range of thoughts expressed by the reigning formulæ, is keeping within the boundaries of the scientific standpoint of fully a century ago. And this state of things is a great drawback to the post-

haste progress as to details, because, if there is only profusion of discoveries and agglomeration of physiological, pathological, and therapeutical facts, without a leading point in their being intellectually mastered, the mental power which is said to consist in knowledge is an illusion; it is like the treasure of the legend, shut up in a mountain, and the wonderful wand lacking which opens it. Up to a recent period, relatively speaking, all definitions of life were mere guesswork, spiritual sallies, for which their authors were credited, but which in most instances did not, by abstract knowledge, add to what the intuition by the fact of being conscious of life taught us about it.

Natural science in the last hundred years, with giant strides approached nearer and nearer this greatest of all problems of existence, and at our own days this approach is being accomplished by experiment and demonstration. It is not from his desk any more, but from his laboratory that the scientist informs us of the progress of his investigations; every step he takes is a fact, and every notice he gives of the moving onward of science is a ratiocination about the relation which the facts discovered bear to each other. Very often the idea, a hint or a hit, precedes the discovery of a wide range of facts, and the most successful philosopher, the really scientific investigator, will always proceed in that order. The physiologists, Oscar Loew and Thomas Bokomy, appear to have discovered the molecular difference between living and dead protoplasma, and they claim that it is the greater energy of movement in the former which is to be considered as the atomic essentiality of life.* But it was not an experiment which led to this conclusion, but a conclusion which led to the experiment, or rather a series of them. The first to make a suggestion in this direction was Pflüger, in an article written in 1875, "On Physiological Combination in the Living Organism," where he claimed the necessity of a chemical difference between living and dead protoplasma. He said: As we do not notice any transformation of common oxygen into an active modification of it in the animal system, but,

*Letheby, *On Food*, p. 243-244.

**Die Chemische Ursache des Lebens*. München, 1

nevertheless, in the living albumen, spontaneous oxidation is constantly going on, we are unavoidably driven to the assumption, that there is a chemical difference between living and dead protoplasma, and that in the dead albumen for nutrition, a chemical change is taking place, when, by assimilation, it becomes a constituent part of the living cell. Now, then, Loew and Bokomy set to work to find this difference; they picked out a species of algae to experiment on, and by using extremely weak solutions for the chemical reactions, succeeded in watching the foregoing changes, from which they inferred that life is due in protoplasma to the occurrence of aldehyde groups which they discerned in albumen, and which excel in a great intensity of the atomic movement. The mortification of protoplasma they see in a conversion of the aldehydes into amides, or, rather, in a change of the atomic configuration or of the molecular juxtaposition of the aldehyde and amide groups.

Now then, I admit that this is only a hypothesis; perhaps, even, a very bold one. I am fully aware of the fact that the pretended discoveries of Loew and Bokomy are far from being generally received, but this does not matter as to the subject we have here in hand. If the fact of this contention was not known, I, myself, should have an interest in adverting to it. Because, for whatever reasons the conclusions of the said physiologists have been objected to, not one of their adversaries has anything to say against the general battle-ground which was chosen by the experimentators—the dynamical theory. In this they are followed without the slightest hesitation, or trace of a notion that it might be a successful point of controversy. Their adversaries, on the contrary, avail themselves by the way of objections, of the same dynamical theory, by the means of which Loew and Bokomy try to carry their point. Thus, whatever may be the final result of their discovery, we may set it down as a scientific confirmation of the dynamic theory respectively of the necessity of founding the theory and practice of medicine more explicitly on it than it has hitherto been done.

I have already mentioned* that

Bouchut, in his *Historie des Doctrines Medicales*, takes pains to impress upon the reader the cognition that motion is not the consequence of organization, but that organization is the consequence of motion. This enunciation experiences an experimental endorsement by the chemical researches of Loew and Bokomy. We know, say these experimentators, that the decomposibility of a substance, as well as its inclination to enter into combinations with other bodies, keeps pace with its inner movement (supply of heat). On the other hand, we may conclude that such bodies as readily undergo chemical changes at ordinary temperatures, have a considerable movement of their smallest particles, or at least of certain atomic groups. They attribute these relations to electromagnetic proportions of the atoms, and in a, perhaps, rather enthusiastic way they claim that the protoplasma may be considered as an engine of extremely artful construction, in which the albumen-molecules stand for the cogs of a complicated wheel-system, and the exerting power of the aldehydes for the steam. As an engine can be stopped in a two-fold, altogether different manner, viz., (1) by extinction of the fire under the boiler, and (2) by the breaking of wheels and axles, a cell can also be brought to death in a two-fold manner: in the one, consisting in a change of place or alteration of the juxtaposition of the aldehyde groups, the external appearance of the cell can remain the same; a detention of the algae for ten minutes in a one per cent. solution of citric acid, for instance, leaves its cells in exactly the same beautiful structure as in life, so far as can be made out with the best microscope; anybody, on seeing it, would declare it to be a living cell—and yet it is dead. It has ceased to assimilate, and with the silver solution one cannot anymore detect the aldehyde groups. The second manner of death of protoplasma, our authors say, when the aldehyde groups are conserved, but the outward structure is all but kept up, is a rare exception. It occurs in certain cases of poisoning, principally by alkalis. Be this as it may, be it ever so true that the details of the reasoning of Loew and Bokomy be assailable, so much is to be inferred from their experiments as a broad view of life that this in its never

* Vide p. 227 of the present volume of the MEDICAL ADVOCATE.

failing essentiality is motion, everlasting conservation of energy (Pflüger, starting from altogether different premises, concludes, too, that in the formation of tissue an amount of labor is performed by which the cohesion of the molecules of albumen must needs appear extremely weakened), and so we may set it down as a recognized scientific principle that it is not life, which presides over molecular movement or atomic motion, but *atomic motion, molecular movement, which presides over life*. It is advisable to differentiate life and vital force. The latter is identical with the exertive power of the aldehyde groups, the origin of which is electro-magnetic; life is the collective issue of this power in the complicated molecular configuration of protoplasm, and the great law of the conservation of energy must manifest itself in death as well as in life, thus explaining the surprising fact, that the temperature in a corpse shortly after death is raised. The retrograde metamorphosis in the protoplasm is an interior combustion which develops warmth; death acts, as it were, like a brake of the vital action, and the corpse by it is heated like the wood or iron embracing a wheel.

After all this exposition, the reader will admit that, in venturing upon a definition of disease, I need only interpret natural science and the medical adherence to it, to hit upon a formula, the tenor of which will suit all parties. The exact wording will, of course, remain a matter of taste, and as to that, I do not doubt that I shall soon be improved upon. But as to the meaning of the definition there can scarcely be much dispute about the formula to be chosen, for, as to essentialities, the cited authorities are pretty determinate that disease is *a disturbance of the individual conservation of energy, in the body, by a deviation of its dynamical powers from the harmony of their function, and their change to a proportionate activity, less favorable to a resistance against death*. Disease is not an absolute disturbance of the conservation of energy, because there is nothing of the kind in nature, but it is a disturbance relative to the conservation of energy which constitutes health in the human body. It is, therefore, dependent on an improper manifestation of the dynamical

powers of the individual, the criterion of which can, of course, be nowhere else found than in a subjective condition; it is the greater or less tendency to lead to dissolution which constitutes the value of a dynamic manifestation in the body.

(To be continued.)

Parasitic Development.

BY

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While it is commonly asserted that man is the favored child of Nature, yet it is, nevertheless, a fact that he suffers severely from attacks of some of his lower neighbors, some of which he would regard as the most insignificant of living beings. Insects minute in size, but powerful by virtue of their numbers, devastate his growing crops or attack his garnered treasures. Plants of lowly grade—minute fungi know only to the microscopist—blight the prospects of the agriculturist by the destruction of his cereals. Parasites invade the stock of the breeder of cattle and sheep, and decimate his flocks, and even invade the domain of human life, causing disease and death. Poison traps lie in wait for human footsteps, and claw and tooth are as ruthless when man is attacked as when lower life is the object.

The sheep breeder observes that certain of his stock are "off their feed," present a dull and dejected appearance, and he applies to his veterinary for relief. By and by, deaths of frequent occurrence convince him that the disease known in common parlance as the "rot," is making sad havoc with his stock. The bodies of the affected sheep, when closely examined, exhibit a state of thorough disorganization, and when the liver is carefully inspected hundreds of small flattened bodies are found within the bile ducts, while in the bile itself thousands of small particles are to be discovered by microscopic aid. The small flat bodies are parasites, which the veterinarian knows by the name of "Flukes," and the innumerable, small particles referred to are the eggs of these parasites. If you ask what it is, we can only say that its one of a group of internal parasites whose history antedates that of medicine. A minute oval body with a racemose arrangement of

tubes for a digestive system and a couple of suckers for adhesive purposes, are the main features in the appearance of this parasite, whose ravages extend to the horse, the cow, the deer, and even to man.

The foregoing description of this parasite is intended only to illustrate the origin and development of the parasite (tape-worm) peculiar to man. A common tape-worm begins life just as one of the minute bodies above described, provided with a special boring apparatus consisting of six hooks. This little creature will perish unless it can gain access to the body of some warm-blooded animal, and the hog is the most likely animal to appear upon the scene to perform the part of an unconscious nurse.

Being swallowed by the hog, the parasite bores its way through the tissues from the digestive system to the muscles of the animal, and there develops around its body a sac. While it remains within the body of the hog, there is not the slightest possibility of this parasite ever developing into a perfect *tænia*; but if the animal dies by the butchers hands, the cystic worm is bought by some luckless one along with the pork, and, if the meat is eaten in an improperly cooked condition, the little sack containing the worm is dissolved in the human stomach, and the minute head of the worm becomes attached to the lining membrane of the digestive organ. Once fixed in this position, the circle of development may be said to be completed.

A process of budding sets in, and joint after joint is produced until you have the adult tape-worm measuring many feet in length, with an innumerable number of eggs. If surrounded by the requisite condition—being provided with a pig for a nurse—each egg would repeat the marvelous and complicated history of its parent.

The cystic worm man obtains from beef develops within his system a tape-worm of another variety. The parasite in the liver of the rabbit becomes, when swallowed by a dog or fox, the tape-worm tenant of these animals. The cystic worm in the liver of the mouse develops into the tape-worm in the cat. Why these parasites do not obtain full development in the pig, the mouse, or the rabbit, we do not know; but its life appears to be divided into two well marked and distinct periods.

Perhaps mans most dreaded enemy in the ranks of the parasites is the *trichina*—a little spiral coil not over one-seventieth of an inch in length, enveloped in a sac. Should flesh containing these parasites be eaten without having been subjected to a sufficiently high temperature in the process of cooking, the process of digestion dissolves the enveloping sac, the occupant is liberated, and within a few days the parent parasite has deposited an enormous quantity of eggs, which fact proves to be a matter of grave concern to the unfortunate consumer of pork. The parasites constituting the new generation are restless and migratory in nature, and pass through the tissues of the body to seek a lodgment in the muscles. With thousands of these microscopic pests boring their way through tissues, there is no lack of an explanation of the excessive muscular pain suffered by a patient afflicted with *trichina*. If relief comes, it is only when this restless brood has located in the muscular tissues, and each worm has developed around itself a cyst or capsule. Then it will rest and degenerate into a speck of calcareous matter, unless the unlooked for contingency of cannibalism should arise, in which event the parasite would again become active, and inflict upon the digester of human tissue, pains and grievances compared with which the proverbial troubles of Job were as nothing.

Investigation and experiment in this field of parasitic development, indicate clearly the necessity of a careful selection and preparation of our food, especially of the animal kind; underdone meat should be avoided, and the mosaic abhorrence of the pig seems justified when we consider the part that quadruped plays in nursing the parasites which develop into *trichinæ* and *tæniæ*.

No two individuals have exactly the same anatomical structure; and nearly every one has in him some bony prominence, supernumerary muscle, or abnormal blood vessel which tells the tale of his descent. Scarcely one body is perfectly normal in every part. Some have as many as thirty or forty variations in their bones, muscles, or arteries. Variations occur more frequently in negro and Indian subjects than in those of European descent.

A Rare Case of Strongylus-gigas, or Palisade Worms of the Kidney.

BY

F. BARRETT, M. D.,

KENNEBUNKPORT, MAINE.

Mr. F. W. Carleton, of Portland, Me., æt 46 years, sanguine-bilious temperament, a carpenter by occupation, has been under the treatment of a number of physicians, for liver and kidney complaint, but has received no permanent relief.

Oct. 2nd, 1883, while at work, he strained himself by over-lifting. This was followed by twelve slight attacks of hæmaturia, which attacks were painful. There would be partial retention, with frequent desire to urinate, but could pass only about a tablespoonful at a time of very dark and offensive urine; at other times he would fill a chamber-vessel of very light-colored urine in a night.

Nov. 10th, 1884, he had been lifting heavily, and on the 11th I was called at 2.30 A. M. I found him in great agony; sharp pains through the left kidney and groin. Diagnosed calculi of the kidney. Ordered hot applications to the painful side; gave internally, morphia, tinct. lobelia, and tinct. gelsemium. In two hours he was relieved of the acute pain, and at 9 A. M. was comparatively comfortable, although there still existed a dull pain in the region of the left kidney, and a swelling in the left groin. I was again called the following day, at 8 P. M. He had passed about a pint of bloody urine. There was numbness of the whole left side, with icy coldness of the left hand and foot, distress about the heart, pulse 100 per minute and irregular, and neuralgic pain in the head and shoulder. Prescribed the following:

℞. Liq. ergotæ puri, - - - 3 vss.
Ext. rhus-aromat. fluid, - - 3 iiss.
Tinct. gelsemii, - - - 3 iss.
Syr. tolu, - q. s. ad - 3 iv.

M. Sig.—One teaspoonful three times a day. Also to drink freely of marsh-mallow root tea.

Every day between four and five P. M. he would have a hemorrhage. He remained in that condition until the 20th, when he had an attack of cramps

in the left groin, and an hour later, while urinating, passed ten inches of the parasite accompanied by considerable hemorrhage. In the afternoon, passed two inches more of the worm, including the head. Most of the unpleasant symptoms had now left him, although he still complained of distress about the heart and stomach. I prescribed:

℞. Tinct. amygdalæ persiciæ, - 3 j.
" cacti grand, - - - 3 ss.
Aque, - - - - 3 ij.

M. Sig.—One teaspoonful before each meal.

He remained in a comfortable condition until the 24th, when, about an hour after taking a dose of the ergot prescription, he experienced more pain about the kidney, followed by quite a hemorrhage, during which he passed blood clots, four calculi, and another worm eighteen inches long. Thinking he must be troubled with intestinal worms, I gave him the following:

℞. Santonin, - - - gr. xij.
Populin, - - - gr. vj.
Podophyllin, - - - gr. j.
Sac lact, - - - 3 j.

M. Make into xij powders; take one three times a day.

Dec. 4th: He passed through the bowels, as he expressed it, a lump as big as a hen's egg, of what he thought to be worms. On the 14th, was able to be about the house; on the 15th, caught a severe cold. Dec. 16th, symptoms of rheumatic fever presented, but were quickly subdued. Stopped the ergot prescription and gave salicin in one quarter grain doses three times a day. He improved rapidly, remained in fair health up to the latter part of January, 1885, when, from overwork, he brought on another severe attack of hæmaturia. I had changed my location in the meantime, so did not get the particulars of that attack.

According to our medical literature, this worm was known as early as the middle of the sixteenth century, and has been found in the kidneys, and rarely in other organs, of both carnivorous and herbivorous animals. It has been found in the dog, the horse, the ox, and other animals. It is exceedingly rare in man; only sixteen cases having been recorded, of which number, nine are considered

of doubtful authenticity. There is no report given of any case where the palisade worm passed through the natural channel. Ziemssen writes: "It has never been known that the worm has ever been passed with the water." As far as I can ascertain, this is the only case on record where the worm did pass during micturition. The specimens have been examined by many physicians in Portland, Me., and they all assert that it is a true case of *strongylus gigas*.

This worm, in its external appearance, bears a great resemblance to a large earth worm. The female is longer than the male. Specimens taken from the dog were from twelve to twenty-five inches in length, while in the case above cited they were twelve and eighteen inches long. It is distinguished from the ordinary intestinal worm (*ascaris lumbricoides*) by its reddish color (which is, no doubt, produced by the bloody fluid in which it is usually found), by its great size, and by the presence of six nodules or papillæ around the mouth, the *ascaris lumbricoides* having only three of them.

Reunion of Completely Separated Parts.

BY

O. A. PALMER, M. D.

WARREN, OHIO.

Some years ago I heard an able surgeon deny that a portion of a finger would unite after a complete separation.

This surgical gentleman was very positive that there was no such thing as a reuniting of any tissue after it had been entirely separated for a short time. For some time I believed that this was true. I am now convinced that reunion of a part may take place, even after some time has passed before it is dressed.

The following case came under my treatment some time ago: Mr. D. was blasting rock. During one explosion he was too near the centre of action. A flat stone was thrown in such a way as to completely separate the little finger on the left hand. Two other fingers on the same hand were injured, but not badly. I was soon on the ground to dress the hand, probably not ten minutes after the injury took place. I at once determined to place the severed portion of the finger on the stump and

see how it would terminate. In dressing the finger I was careful to have the parts clean and well fitted to each other, and kept in place with splints. The part was kept warm and dry until the fifth day, when it was found to be healing and doing well. At one point there was a little suppuration. At the end of ten days the finger was looking well, and the treatment pronounced a success. I have not seen any more cases of this kind, but have noticed several journal reports that I think would be interesting to the readers of the *Advocate*. Dr. Henry Hartshorne, of Philadelphia, says, in the *American Journal of Medical Sciences*:—

"To add to the well attested cases in which completely excised parts have reunited with the body, I find on my notes that a colored man, who had cut off the pulp of the end of one forefinger with a razor, placed it on again, and came to the hospital. Finding the piece crooked, I pushed it, so that it fell off into a basin of water. It was refitted, however, and left untouched for five days. It was then found to be entirely reunited, leaving a mere line to indicate the junction." In the *New Jersey Medical Reporter* (1852), I find the following:

"This most remarkable case is sufficient to settle the question forever of reunion, not only of separated soft, but of hard parts—even of the osseous structures.

The cases published in your last number, of injuries of the head, with loss of a portion of the brain, have brought to my mind a case I attended some years since, which may be deserving of record, as a case of recovery after a portion of the brain had been severed from the cerebral mass, replaced, and apparently reunited. The wound was made by a sharp axe, which, in the hands of a strong and angry man, was driven with such force as to make a section of the skull, cutting off a portion of the brain, which remained in its situation in the severed portion of the skull, hanging down on the shoulder, attached by a strip of integument to the neck. The part cut off was the posterior part of the parietal bone, and the orifice through the inner table of the skull was about an inch and a half, and the portion of brain excised over an inch in diameter. The man was able, after the injury, to

walk some rods, with assistance, and talked in a rational manner. Securing the occipital artery, which had been divided, removing some small fragments of bone, shaving around and thoroughly cleansing the wound, I restored the flap of integument, with a portion of the skull and brain, to its proper position, and secured them by stitches, adhesive plaster, and a roller. The head was kept elevated and cool, a light diet enjoined, and a solution of sulphate of magnesia and tartrate of antimony and potassa, given to move the bowels, reduce the circulation, and restrain the appetite. The mental faculties remained unimpaired, except for a short time on the second day. The wound healed rapidly, being entirely closed in a week. No unpleasant symptoms afterwards occurred, and on a subsequent examination, the severed portion appeared to be firmly united to the cranium."

Dr. Deane reports in the *Boston Medical and Surgical Journal* (1853), the following case: "A young man struck off two of his fingers by a straw cutter, and I was sent for to dress the wounds. I inquired for the amputated fragments, and found that they had received no attention whatever; but search was made, and they were soon found. The direction of the incisions was obliquely through the third phalanges. The truncated portions were immersed in warm water and accurately applied, and upon the subsequent dressing it was found that union had taken place in one by first intention, and in the other the integuments were gangrenous."

Two Foetuses With One Placenta.

BY
C. L. DREESE, M. D.,
GOSHEN, IND.

On the 30th day of last June, Mrs. R. sent for me to attend her in her fifth confinement. I found her with labor pains, which were irregular and ineffectual, complaining of severe and continual pain in her back, also of a dragging sensation which caused her to be quite nervous. Upon making a vaginal examination, I found the uterus displaced, and the os so far back in the hollow of the sacrum that it was reached with difficulty by the index finger; hooking my finger into it, I brought it forward into

its proper position, held it there during several pains, which now became rhythmic and effectual; dilatation went on nicely, and in less than three hours from the time of my arrival she gave birth to a lively 8½ pound girl, perfect in every respect. After the pulsations ceased I ligated and severed the cord. In about thirty minutes the pains came on again, and I proceeded to complete the third stage of labor. Passing the index and middle fingers of my right hand along the cord up to the mouth of the womb (and in so doing I noticed something peculiar about the cord), and placing my left hand on the abdomen of the mother, with a gentle, grasping pressure I aided the uterus in expelling the placenta and membranes.

The curious object which I felt proved to be a dead foetus of about six months (also a female) and in a partial state of decomposition. Its death was caused by strangulation of the cord, which was thrown tightly about its left ankle, so as to form a double reversed loop, the limb being almost amputated. There was but one placenta, and the dead foetus by its cord was still intact, which is plainly shown in the specimen, which I preserved in alcohol. The attachment of the cords is quite a curiosity, as the one supplying the living foetus has a central origin, while the other is attached on the border, forming what is termed battle-door placenta. That portion of the placenta which supplied the dead foetus was crescent-shaped, and surrounded the other so as to form fully two-thirds of the entire circumference. There was a remarkable difference between the cotyledons or lobule, as the uterine surfaces of this portion were of a much lighter or paler color, and having the appearance of fibroid tissue; evidently the result of atrophy. They were in an almost perfect state of preservation, thus forming a bar to the absorption of septic poison from the dead to the mother and living foetus. In passing I might state that both the mother and babe showed signs of being poisoned for a week after delivery, which symptoms, however, yielded to treatment.

There were two chorions, each foetus in its separate sac. The sacs were adhered in the region of contact with each other. There was but one amnion.

The Medical Advocate.

A Monthly Journal of Medicine, Surgery and the Kindred Sciences.

EDITOR: Joseph A. House, M.D.

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DR. RICHARD E. KUNZE,	-	New York.
DR. GEO. W. WINTERBURN,	-	New York.
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DR. WM. BELL,	-	Mich.
DR. JOHN W. FIFE,	-	Conn.

We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

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THE ECLECTIC PUBLISHING CO

EDITORIAL.

The bathing season is now at its height, and the usual number of cases of drowning are being reported from all parts of the country. This suggests the need of a more intelligent and vigorous application of the methods of resuscitation. Many lives are lost by drowning in consequence of those present not knowing just what to do in such emergencies, and even physicians who have been taught (theoretically) the rules for practicing artificial respiration, have sometimes exhibited a lamentable inability to apply such rules when the occasion has presented.

We know of an instance where a man was brought to the shore about fifteen minutes after his cries for help were last heard. Three physicians ("regular" graduates, by the way) were present, and took charge of the case; but, although two of them had been in

more or less active practice for over five years, they seemed to be entirely at a loss what to do first. They forgot all about how to produce artificial breathing, and what they did do, was precisely what they ought not to have done. In half an hour they desisted, and pronounced the case hopeless. An ordinary boatman who was, fortunately, experienced in such cases, arrived on the spot as the physicians ceased their efforts, and by proper management succeeded in saving a human life.

The instructions for resuscitating adopted and published by the United States Life Saving Service are so efficient, and at the same time so simple, that we commend them to the attention of the profession. They are, in substance, as follows: the moment the body is taken from the water, it should be stripped to the waist. The clothing having been made into a roll to raise the pit of the stomach above the level of the mouth, all fluid should be forced out by pressure; this is done by placing one hand on the back, just below the scapulæ, and the other on the chest at a point directly opposite. Having proceeded thus far, with as little delay as possible, turn the body upon its back, place the roll of clothing under the small of the back, and practice artificial respiration as follows: Grasp the chest on either side of the pit of the stomach, gradually pressing forward and upward until the whole strength is used, and then suddenly letting go; continue to repeat this operation with the regularity of natural breathing. As there are cases on record where the respiratory function has been re-established after having ceased for more than an hour, it is well not to be impatient of results; any time within two hours your efforts may be crowned with success without there being any previous sign to indicate it.

* * *

In our February issue, we called attention to a valuable test for the verification of death. It was to the effect, that the temperature of the living subject rises appreciably at the surface of a muscle subjected to the action of the electric current, and that this never occurs in the case of a corpse under similar circumstances.

A French physician now announces a possibly still more certain test of death, and the French Academy, in consideration of its importance, has awarded a prize of 40,000 francs to the discoverer. The test is supplied by simply holding the supposed dead person's hand to a strong light; if there still be life, a scarlet tinge will be seen where the fingers touch, showing a continuous circulation of the blood. Both of these tests are so easy of application, that they should be tried, not only in cases where it is suspected that life is not entirely extinct, but in all instances where there is the slightest chance of subjecting a person to the horrors of a living burial—a fate far worse than any other that the human mind could conceive.

* * *

In the *Medical Investigator* (Homœopathic), we find the following treatment for puerperal convulsions, in an article written by one of the editors of that journal:

"Free bleeding—from both arms if necessary—and rapid hydrogogue effects from elaterium $\frac{1}{8}$ gr. every two hours hypodermically; or, from three or four drops of croton oil *on the tongue*, are our sheet anchors of elimination, our most reliable agents in the curative treatment of centric puerperal eclampsia. *Convulsions do not occur after the bowels have been thoroughly acted upon.* Pilocarpine and a hydrogogue should not be administered at the same time, because their areas of action are functionally antagonistic, and especially so if the kidneys are at all disabled. One, however, may follow after the other has spent itself. Neither should pilocar-

pine and veratrum viride be combined—the danger to the heart from either being sufficiently great."

Shades of Samuel Hahnemann! If this be Homœopathy, what is Allopathy? It is enough to cause the "old master" to rise up out of his grave and kick himself for founding a school of medicine for such representatives. Is the above to be taken as another indication of the approaching "unity of medicine?" Or is it merely that modern Homœopathy, in its eagerness to leap into the arms of its old-time adversary, has, in this instance, out-jumped itself, and bounded to the extreme limits of old-school irrational therapeutic's.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. If the "Queries" are received by the 15th of the month, the "Answers" will appear in the issue of the month following. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Can you, in your next issue, give a formula for the nostrum called "Jayne's Vermifuge?"

W. W. FRAZER, M. D.

WINTERSSET, IOWA.

EDITOR ADVOCATE:—I would be pleased to have you, also any of the readers of your journal, reply to the following query: Is there any successful mode of treating chronic enlargement of the tonsils in children, except by excision?

A SUBSCRIBER.

WEST FARMINGTON, OHIO.

EDITOR ADVOCATE:—I noticed an enquiry in the May number of the *Advocate* for a reliable worm medicine. I have used the following for several years, and always with satisfactory results: Take of santolin gr. xij; calomel gr. xij; chocolate a sufficient quantity. M. Divide into xij lozenges. Dose, one lozenge three times a day.

F. G., M. D.

EDITOR ADVOCATE:—A copy of the *Advocate* fell into my hands recently. On looking it over, I noticed a request, in

your department of "Queries," for some hints as to treatment of ulceration occurring in the lower bowel. There are three varieties of ulceration of the rectum, which may be described as *simple*, *syphilitic*, and *cancerous*. Of course the treatment is governed by the form to be treated. I am inclined to think that the cases referred to by "Medicus" (by the way, why should a physician hesitate to sign his name to a letter of enquiry; it is no disgrace for a medical man to admit that he doesn't know everything) are of the *simple* kind. If so, I would suggest the following treatment: In the first place, a general treatment should be adopted, the diet carefully regulated, tonics given, and laxatives administered to cause and maintain a soft condition of the feces. An enema of warm water and hydrastis proved useful in several cases that I attended. The condition does not obtain exclusively after parturition; though probably the weight and pressure of the gravid uterus upon the rectum, especially if constipation is habitual, might explain why the trouble is coincident with, or follows, parturition.

J. F. STORMMER, M. D.

*BOSTON, JULY 27, 1885.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

FOR CHRONIC RHEUMATISM.

℞. Salicylic acid, - - - 3 iij.
Acetate of potassa, - - - 3 ss.
Tinct. macrotys, - - - 3 ss.
Tinct. colchicum seed, - - 3 ij.
Tinct. phytolacca, - - - 3 iij.
Tinct. rhus tox, - - - 3 j.
Tinct. aconite, - - - 3 ss.
Simple elixir, - - - q. s. ad. Oj.

M. Sig: One teaspoonful every four hours.

FOR FACIAL NEURALGIA.

℞. Muriate of ammonia, - - 3 ij.
Tinct. camph. opium, - - 3 ss.
Tinct. hyoscyamus, - - - 3 j.
Tinct. ergot, - - - 3 iss.
Tinct. gelsemium, - - - 3 ss.
Tinct. stramonium, - - - gtt. x
Syr. zingiber, - - - 3 iij.
Camph. water, - - - 3 ss.
Simple elixir, - - - q. s. ad. 3 iv.

M Sig: One teaspoonful every hour until relieved.

J. F. ROUGHTON, M. D.

Atlanta, Ga.

The following forms a painless, but effectual escharotic for the destruction of warts:

℞. Zinci chloridi, - - - gr. xij.
Zinci nitratis, - - - gr. xxv.
Aq. bullientis, - - - gr. xx.

M. When cold, make into a paste with thirty-five grains of wheat flour.—ESMARCH.

IN CHLOROSIS.

℞. Boracis, - - - 3 i.
Capsici pulv., - - - 3 ss.
Pil. aloes cum myrrha, - - 3 jss.
Ol. sabinæ, - - - q. s.

M. Ft. pil. num. 60. Sig: Two pills three times a day.—DR. COPLAND.

ACID TONIC MIXTURE.

(Used in Charing Cross Hospital, London.)

℞. Dilute hydrochloric acid, - minims 8
Dilute nitric acid, - - - " 7
Glycerine, - - - drachm ½
Infusion of gentian, - - to ounce 1

Mix.—To be taken three times a day.—*Med. World.*

FOR SWELLED TESTICLE.

℞. Ext. balladonæ fluid, - - 3 j.
Ext. arnicæ fluid, - - - 3 iij.
Ext. opii fluid, - - - 3 iss.
Aque ad, - - - Oj.

M. Sig.—Apply on cloths wrung out of hot water until the pupils respond to the belladonna.

PROPHYLAXIS OF GONORRHOEA.

Langlebert, speaking of the prevention of gonorrhœa (*Med. Times*), recommends the use of the following wash:

℞. Alcohol, - - - 30 parts
Sapo mollis, - - - 10 parts
Dissolve the soap in the alcohol, filter, and add rectified essence of citron, 5 parts.

TO ABORT BUBOES.

℞. Crystallized carbolic acid, - gr. viij.
Distilled water, - - - 3 j.
Alcohol, q. s. to dissolve.

Sig: Inject 10 to 20 drops deeply into the bubo. Pain and inflammation rapidly subside.—*L'Union Med.*

"SEVEN BARKS."

R. Extract of hydrangea.....lb	1
" poke root.....lb	12
" Cuiver's root.....lb	12
" dandelion.....lb	12
" lady slipper.....lb	12
" colocynth.....lb	12
" bloodroot.....lb	6
" blue flag.....lb	6
" stone root.....lb	6 $\frac{3}{4}$
" goldenseal.....lb	7 $\frac{1}{2}$
" mandrake.....lb	24
" black cohosh.....lb	24
" butternut.....lb	48
Spirits of sea salt.....lb	14 $\frac{1}{2}$
Aloes.....lb	10
Borate of sodium.....lb	15
Infusion of capsicum.....lb	4 $\frac{1}{2}$
Podered sassafras.....lb	11
Ginger.....lb	6
Sugar-house syrup.....cong.	40
Water, q. s....."	98

—*National Druggist.*

OUR PORTRAIT GALLERY.

Portraits of the following physicians appeared in the *ADVOCATE* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rodes Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch

MAY:

- VI. Dr. I. J. M. Goss.
- VII. M. Louis Pasteur

JUNE:

- VIII. Dr. Richard E. Kunzé.
- IX. Dr. Wooster Beach.

JULY:

- X. Dr. William Bell.

XI.

L. E. Russel, M. D.

Dr. Russel was born in Burton, Ohio, and from his sixteenth year has had his own way to make in the world. He was educated at Hiram College, where his diligence and superior mental powers gained him the esteem of his professors. He afterward studied law, and at the same time, commenced the study of medicine.

In 1871—2, he attended lectures at the Eclectic Medical Institute, Cincinnati, graduating with high honors in February 1872. He also pursued the study of law; and, in 1874, in the District Court of Mahoning County, Ohio, was admitted to the bar and licensed to practice

as attorney and counsellor at law and solicitor in chancery. Soon finding out, however, that he preferred the practice of medicine to legal lore, he proceeded to devote all his energies to the profession for which he was particularly adapted.

After practicing three years in Trumbull Co., he removed to Springfield, where he is now located, and soon gained a high reputation as a bold and skillful surgeon. In 1879, he was elected President of the Ohio State Medical Association—the first time this important position had been held by any except "pioneers" in medicine. He became a member of the National Eclectic Medical Association in 1879.

Dr. Russel's fame as a surgeon is being rapidly extended, and he now holds the important positions of regular appointed surgeon for Ohio Southern Railroad, and general consulting surgeon for Indiana, Bloomington and Western Ry. System.

ECLECTIC SELECTIONS.

A MARVELOUS BOOK—THE CODE INTERPRETED.—By Lemon T. Beam, M. D., Johnstown, Pa.—Lord Byron says:

"'Tis pleasant, sure, to see one's name in print; A book's a book, although there is nothing in it."

However pleasant it may be for the author of a much-praised old-school work to see his name on a title page, he certainly ought to congratulate himself on Byron's idea that a book is a book, no matter what is in it. If merit were a *sine qua non* to entitle a publication to be called a book, we fear that some other name would have to be used in speaking of this wonderful production of a simon-pure "regular."

"Oh, that mine adversary had written a book," exclaimed Job. The old patriarch evidently knew his man, and well knew what an infinite ass he would have made of himself had he written a book. All progressives in the medical world have reason to be gratified that one of their adversaries, a certain D. W. Cathell, M. D., has written a book, with the taking name of "The Physician Himself, and what He Should Add to His requirements in Order to Secure Success."

"A title long and dark,
Drawn from the mouldy rolls of Noah's ark."

It requires brains of a peculiar character to say how this book should be read. For all practical purposes, it could be read from left to right, up and down, or from the *finis* to the beginning, just as well as in the usual way. "Some books are to be tasted, others swallowed,

and some few to be chewed and digested," says Lord Bacon. Unfortunately, this spawn of Dr. Cathell's cannot be used in either of these ways, as "its undistinguishing complaisance would vitiate the taste of readers," and the swallowing of it would require a capacity equal to that of gulping down a camel, while its mastication and digestion would be an impossibility.

The animus of the author of this truly marvelous book is on a par with his crude assumptions of superiority. "Never," says he, "have companionship with irregulars; * * avoid this and every other soiling contact." A regular, however lacking he may be in the qualifications of a gentleman, or in the knowledge of his profession, must be treated with marked respect; while those not in sympathy with the bigoted notions of the code must be shunned and ostracised, on the grounds that even companionship with them would be a "soiling contact."

Had the author confined himself to a decent and legitimate discussion of a theory, false though that theory might be, he would be entitled to the amenities of respectful criticism; but in turning his antagonistic feelings into the channel of a fanatical partisan, he has forfeited all claims to the ordinary civilities due to an honorable opponent. "Remember," he says, "that you are neither required nor allowed to extend the favoring provisions of the code of ethics to any one practicing contrary to the cherished truths that guard the regular profession, no matter who or what he may be."

What code? Why, *the* code. By the way of distinction, he calls it "*the oracle* to which you can resort and learn what things justice allows and what it prohibits"—"*the* code that is founded on the broad basis of equal rights and equal privileges, and which stands as a lighthouse to guide and direct all who wish to sail in an honorable course; and which, owing to "its justness," he continues, "remains as fresh and beautiful to-day as when Percival penned it seventy-five years ago; and which if you faithfully observe, you can truthfully exclaim, "I feel within me a peace above all earthly dignities, a clear and quiet conscience.'" Thus, not in words, but by fair and logical inference, he virtually declares, as one of the high-priests

who consult this modern oracle of Delphi, "great is Diana of the Ephesians! whom all Asia and the *regulars* of the whole world worship."

This wonderful code, he tells us, was "formally adopted by the American Medical Association in 1847, which from then until now has governed *our* whole medical profession throughout this broad land, just as the ten commandments of Holy Writ instruct and restrict mankind in general." After this, don't talk of ignorance being the mother of devotion in religious matters only. The divinity of this code is the divinity of the decalogue itself. Therefore, let all take warning, and "presume not to lay unclean hands upon the ark of its magnificent and awful cause." The adding thereto, or the taking therefrom a phrase, a sentence, or even a word, is a hazardous work. Fossilism has "cherished" its truths—those "cherished truths that guard the regular profession," and which were conceived in the musty brains of the Moses of regularism (Dr. Thomas Percival) in the year of our Lord 1807; and which, excepting a few alterations made necessary by the lapse of time, * * is the identical code adopted by the American Medical Association."

Thus we see that the code, in the estimation of Dr. Cathell, is invested with all the sacredness peculiar to the ten commandments, and like the Bible in its entirety, is so perfect in all its parts, so fully adapted to all places, times, and ages, as not to be susceptible of any improvement or change, "save in a few alterations made necessary by the lapse of time." Therefore, "it remains as fresh and beautiful to-day" as it was seventy-eight years ago! The blind and unquestioning faith of a Persian dervish, or the superstition of a believer in witchcraft, is an absolute essential in the make-up of a man who could pen and print such an instance of driveling nonsense and consummate ignorance. Progress in all other directions may be made, the world generally may move, advances in morality, in education, in civilization, in humanitarianism, in religion, in governments, in politics, may be made, but *the* code, the immortal code, remains the same—and must remain "the same to-day, yesterday, and forever." And then think of the peace of conscience, the tranquility of mind, the heavenly ecstasy

flowing from a rigid observance of its benign and salutary provisions—you will experience, he says, "within, a peace above all earthly dignities, a clear and quiet conscience." Great is Allah, and Percival is his prophet!

But it is not to be forgotten that the book is endorsed and highly commended by all the leading old-school journals, which thus underwrite sentiments, such as have been cited, and like the following: "Do not refuse to consult with foreign physicians, with doctresses, or with colored doctors, provided they are regular practitioners. * * But every principle of right and honor will prevent you from entertaining the thought of fraternal association with eclectics and homœopathists. Give the right hand of fellowship to every regular, no matter what his misfortunes or how great his deficiencies; on the other hand, refuse it to all irregulars, no matter how great their acquirements, their reputation, or their pomp." This seems to be the text chosen by Dr. Cathell in writing his book, and it must be admitted he has adhered to it closely from beginning to the end. Anything more intensely partisan, more revoltingly clanish, more offensively despotic, more fanatically exclusive, could not be written.

Merit, honor, success, and everything else contributing to a first-class standing are not to be taken into consideration in fraternizing with others; but the only question is, do they belong to our faction? Do they swear by our code? A mountebank, a fool, a scoundrel, if he be only a regular, must have the right hand of fellowship; but no recognition of, or courtesy toward, an irregular should be tolerated. Well might we exclaim, "O bigotry! thou inflated monster, thou anathematizer and calumniator, thou spawn of hell, how hast thou libelled"—science and polluted the temple of reason by trying to prove all *codes* wrong but thy own?

The code is the shiboleth of all practitioners such as the author of the book. It is the mystic pass-word, sign and grip; as by its observance introductions into all old-school societies and associations are secured and intimate relations established. But its most glaring absurdity is found in its association with the term *ethics*—being called a code of ethics. What a misno-

mer. Ethics among other things implies the idea of gentlemanly traits of character. It is defined to be the doctrine of both morality and good manners. Is a code that ignores the principles of common courtesy worthy of the distinction of being called an ethical one? The author of the book says, "be polite and considerate to every one;" but on the same page, a few lines above, he says, "refuse the right hand of fellowship to all irregulars, no matter how great their acquirements, their reputation, or their pomp." His "every one" is to be limited to regulars and regulars alone. A beautiful code of ethics, truly!

In sharp contrast with it, how grandly does the ethical system of the National Eclectic Medical Association loom up? It says, "exercise toward *all physicians*, and toward all mankind, that courtesy and just dealing to which every one in his just sphere is entitled, * * any departure therefrom is unprofessional, undignified, and unworthy the honorable practitioner of an honorable profession."

In view of the exclusive teachings of the code, of its bigoted and intolerant principles, of its want of common charity, and of its antagonism toward the enlightened sentiments of the 19th century, it is looked upon, by all outside of the lines of regularism, as a monumental fraud and an ethical monstrosity. And being laughed at and satirized so universally, its custodians are growing so restive and sensitive, that they try to emasculate its hideous injunctions.

At the meeting of the American Medical Association in Washington last year, a committee was appointed, consisting of Drs. N. S. Davis, of Chicago, A. Y. P. Garnett, of Washington, H. F. Campbell, of Augusta, Ga., Austin Flint, of New York, and J. P. Murdoch, of Pittsburgh, to give a proper interpretation of the code of ethics. The following whereas and resolution, reported at the recent meeting at New Orleans, and unanimously adopted by the association, are to be added to the code of ethics:

"Whereas persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and

some even in the ranks of the profession, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines, therefore

Resolved, That there is no provision in the National Code of Medical Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing need of them."

Now that reads as though the "dictates of humanity" were about to get the better of the inhumanity of the code; but it is only a cheat and delusion, as the resolution winds up with this declaration: "No such circumstances can make it necessary or proper to enter into formal professional consultations with those who are disconnected with the *regular* medical profession." Which reminds us of the action of a certain church that denied membership to all holding connection with secret orders. At one of their meetings they resolved that, inasmuch as their position was not understood, they did not deny the right of the free exercise of opinion upon all questions pertaining to social life, and that membership in their church could not be forfeited by a man acting according to his own conscience; but in the meantime they resolved that the rule excluding members who connected themselves with secret societies was just and scriptural, and must be enforced.—*Mass. Eccl. Med. Jour.*

Threatened Abortion is frequently nipped in the bud by drop doses of fl. ext. ergot, repeated every half hour till the uterus is quieted. This has been frequently verified in practice.—*Geo. Eccl. Med. Jour.*

Leptandrin is the best corrective and adjuvant of Podophyllin known to us. Be sure to combine them even when podophyllin is administered in small doses. The cholagogue results are infinitely better for the combination. The best cholagogue pill we know of is, $\mathcal{R}$. Podophyllin, 10; Leptandrin, $\frac{1}{2}$; Castile soap, 1 grain. This pill, repeated night

and morning, or only once a day, corrects the abnormal state of the alimentary canal and promotes the activity of the liver. It will eliminate the nitrogen wastes freely.—*Geo. Eccl. Med. Jour.*

NASAL POLYPI.—By W. M. Rice, M. D., Hazel Grove, Ark.—In the August ('84) number of the JOURNAL, and November number, are articles on a new method of removing nasal polypi. After reading the operations, and the sad experience of Dr. M., I thought of trying the new method on the first case that presented itself; and on May 5th, 1885, a young woman of a stout, robust appearance, aged 23 years, called to have her nose examined. I found a polypus which filled the cavity of left nasal passage and protruded past the tip of the nose; and a small one about half an inch long in the right cavity, pear-shaped and attached to the outside of middle meatus.

Fearing the experience of Dr. M., I tried a strong solution of carbolic acid, which reduced it somewhat, but in a few days it returned to its former size, and seemed to grow more rapidly than before. Then I determined to try the "new method." I charged my syringe with a strong solution of tannic acid, and injected 15 minims of the solution in the larger polypus, and 10 in the smaller one. A second operation was necessary on the fifth day. On the eighth day from first operation, the smaller one fell out in the form of a dry, pulpy mass, and the larger one on the tenth. No pain or inconvenience felt in either case.—*Eccl. Med. Jour.*

HOMCEPATHIC SELECTIONS.

TREATMENT OF CHOLERA.—By Dr. P. Jousset, Paris.—(Translated from the French by F. A. G.)—Indian cholera is the most important of pestilential diseases; it is characterized by upward and downward evacuations of a whitish fluid, and by cramps; but principally by a greater or less diminution of the chemical phenomena of respiration; hence coldness, lividness, smallness and absence of pulse. Cholera presents itself under four forms: *The common form, the benign form, the atonic form, the foudroyant form, or culminating asphyxia.*

I. *Treatment of the benign form*—



L. O. Russell, M. D.

The mild form or *cholérine* is usually characterized by a watery, pale, rice-water diarrhoea. In a higher degree, vomiting and cramps, but never any sign of asphyxia.

1. The principal drug is *Phosphori acidum*; it is indicated by the character of the diarrhoea; it should be prescribed in the third dilution, a dose every two hours.

2. *Ipecac* will be alternated with *Phosphori acidum*, if the diarrhoea is complicated with vomiting; the dose is the first decimal dilution, one dose every two hours.

3. Finally, should the case be more serious, with cramps, *Veratrum* or *Cuprum* would be indicated.

II. *Treatment of the common form of cholera.*—The common form shows evacuations upward and downward, cramps and asphyxic symptoms. But it is characterized by the regular succession of two periods: *coldness* and *re-action*.

A. *Treatment in the cold period.*—Quite at the outset, if the diarrhoea exists alone, *Phosphori acidum* will be the principal drug to administer as in the benign form; if vomiting accompany the diarrhoea unless the coldness be already pronounced, *Ipecac*, 1st to the 10th trit. should be prescribed every half hour. But if the general symptoms precede the evacuations, *Camphora* is a heroic drug.

1. *Camphora* quite at the outset; coldness, great weakness, lipothymic condition, cramps, commencing lividness, no evacuations or very few in number. *Camphor* is prescribed in the form of spirit, a few drops on some sugar, a dose every ten minutes.

2. *Veratrum* is the principal drug for the completely developed cold stage. It is specially indicated by very copious rice-water evacuations; by decided coldness, violent cramps, and sometimes absence of pulse. In the Charroux epidemic, with globules of the sixth dilution only, we had remarkable success. Generally, the third dilution is used in preference; some physicians prefer the mother tincture; the doses should be given every half hour.

3. *Arsenicum*;—Acute poisoning by arsenic shows a perfect picture of cholera in the cold stage, as in the case of the Duke de Praslin, who poisoned himself with arsenic. Louis diagnosed a case of

cholera. I. P. Tessier, towards the end of the epidemic of 1849, preferred Arsenic to Veratrum in serious cases without having it preceded by Veratrum.

The symptom specializing the indication of Arsenic are restlessness, agony and a more decided fear of death than usual, *sensation of internal burning*, with most violent thirst, completely suppressed pulse, pronounced asphyxic symptoms.

The third trituration is usually prescribed, two or three doses in the space of an hour; we may descend to the 2d and 1st centesimal trituration. In the latter case, the drug being much repeated, not more than twenty centigrammes must be put in two grammes of water, a spoonful every twenty minutes.

4. *Cuprum* is specially indicated by violence and persistence of the cramps; by the predominance of the vomitings which are violent and painful. Hahnemann preferred it even to Veratrum. The 3d and even the 6th trituration have always seemed to me sufficient. Allopaths have used enormous doses of Acetate of Copper without much success.

5. *Aconitum*.—Aconite is a drug suitable to the cold stage of completely developed cholera. The picture of choleraic indication is met with in poisoning by Aconite and Aconitine; even coldness of the tongue, cyanosis, imperceptible and irregular pulse, cramps and suppression of urine. Dr. Hempel, thirty years ago, called attention to Aconite in the treatment of cholera. Dr. Cramoisy presented a paper to the Academy of Medicine on the efficacy of Aconite in cholera; he published numerous observations of cure. Strong doses of the mother tincture have been prescribed by Hempel and Cramoisy.

We would remark that Aconite does not respond so well as Veratrum and especially Arsenic to the suppression of the pulse and urine, in short it has not that notoriety for it like the three drugs used by the generality of the followers of Hahnemann, and that it will need further observation to fix its real worth.

6. *Carbo vegetabilis*.—When the collapse is near to agony and resists other drugs; when asphyxia is advanced and pulse absent, we have still one resource in the use of *Carbo vegetabilis*, and

English physicians are wrong in not using this drug. We must not expect this or any other drug to bring the dead to life; but it is sufficient that in certain apparently desperate cases Carbo has arrested the collapse and brought on reaction, that it should be looked upon as a very energetic and very certain medicament. We have always used it in globules of the thirtieth dilution, dose every quarter of an hour.

B. *Treatment in the reactionary stage.*—Febrile movements, inflammations, and visceral congestions; suppression of urine will fix the indications.

1. *Aconitum* is indicated by a clearly established febrile motion; pulse strong and full; redness of the face; general heat and thirst; continuation of the diarrhoea is a further sign for the prescription of Aconite.

2. *Belladonna.*—Belladonna should be prescribed if the brain is affected during reaction. Congestion of the face, throbbing of the carotids, eyes brilliant and protuberant; dilatation of the pupils, delirium, pronounced albuminuria.

3. *Opium* on the contrary will be indicated when somnolence prevails, and especially if the coma is complete with stertor and dilated pupil; these two drugs are prescribed in the 6th or 3d dilution; a dose every two hours. If the diarrhoea is persistent during the period of reaction, Arsenic will be still the principal drug unless the diarrhoea continues in spite of the use of this drug during the cold stage.

4. *Mercurius corrosivus* is prescribed if the stools are small, green, sanguinous, slow, with colic and tenismus; the 3d dilution is usually sufficient.

5. *Secale cornutum* is extolled by Drysdale and Russell for watery, abundant and painless stools, (Richard Hughes, *Manual of Therapeutics*, p. 105.)

6. *Phosphorus* and *Phosphori acidum* are used when the diarrhoea is persistent after the disappearance of other symptoms. For absence of urine after the cessation of the cold stage, Richard Hughes thinks highly of *Cantharis*, *Terebinthina*, *Kali bichromicum*. To which I would add *Digitalis*—a precious medicament of true anuria.

IV. *Treatment of the ataxic form.*—This form also called the typhoid is characterized by the apparent mildness

of the cold stage, by the length and gravity of the following reaction, in cases of death by a terminal cold period.

Treatment of the cold stage is the same as in the preceding form, with this difference that Camphor is more often indicated. Independent of Aconite, Belladonna and Opium, whose indications have been formulated as to the common form, and which would often find their use in the reactionary stage of the ataxic form, we would notice three remedies, *Lachesis*, *Secale cornutum*, and *Nux vomica*.

1. *Lachesis*, like *Secale cornutum*, suits the treatment of visceral inflammations, progressive and terminal chilliness, which is the pathological characteristic of the ataxic form. *Lachesis* is more particularly indicated by the inequality of the reaction, whether the warmth reappears only in one part of the body, whether having reappeared, it disappears again to still reappear. The lipothymic state and tendency to syncope is again an indication for *Lachesis*; as it is also the same for the predominance of cerebral affection and for the comatose condition mingled with asphyxia resulting therefrom.

2. *Secale cornutum* is chiefly indicated by cold and other symptoms of collapse, and principally by the continuance of a copious diarrhoea, rice-watery and painless.

3. *Nux vomica* has been often used by I. P. Tessier, in the reactionary period of the ataxic form, against persistent vomiting, but this drug would not be suitable if collapse had commenced.

V. *Treatment of the foudroyant form.*—This asphyxic form, *black cholera* of authors, is characterized by culminating asphyxia. In the common form, the symptoms of asphyxia show themselves successively; in the culminating form, cyanosis is present from the outset at the same time as the cramps and evacuations. Let us add that the cyanosis acquires from the first hour a great intensity, and that the pulse weakens and disappears from the beginning.

This form is nearly always mortal. This fatal ending is due as much at the same time to the violence of the disease and to the want of absorption preventing the action of the medicines. I have not succeeded with inhalation, pulmo-

nary absorption being suppressed, as is that of the stomach. Dr. Drysdale has administered arseniated hydrogen by inhalation. I do not know if he was thus successful. Medicines administered by the hypodermic method might perhaps be more successful.

Hydrocyanic acid.—This drug is indicated when the patients are suddenly struck down, the pupil dilated, the eyes prominent, sight diminished or gone, breathing weak, intermittent, insensible, pulse small or insensible in one arm or completely disappeared; general coldness; involuntary evacuation.

Dr. Sircar, who practiced in India, speaks in these terms of hydrocyanic acid: "And in fact, it is the only remedy when the pulse disappears, the breathing is slow, deep, painful or difficult and spasmodic, separated by long intervals during which the patient appears dead. If any drug deserves to be spoken of as a charm, it is certainly this one; it seems sometimes to resuscitate a corpse." (Richard Hughes loc. cit. p. 105.) The dose is not mentioned. We have used the fifth dilution; we think a stronger dose might be used, the second dilution, for instance. As to ponderable doses, it must be remembered that in patients struck with foudroyant cholera, absorption is suspended, and consequently medicament doses may accumulate in the stomach and become toxic at the reactionary period.

Veratrum, Arsenic, Camphor, and Carbon may be prescribed, according to the indications named in regard to the treatment of the common form.

VI. *Regimen and hygienic rules.*—During the cold period every effort shall be made to warm the patient by dry friction, and especially by accumulation of heat to the exterior; rubbing the limbs to lessen the cramps; giving iced and gassy drinks to satisfy thirst and prevent vomiting. In certain cases very hot alcoholic drinks are desirable, and comfort more than cold drinks. During the period of reaction, broth in very small quantity as food is given, and a strict regime must be observed during convalescence.—*L'Art Medical.*

A CASE OF UNUNITED FRACTURE, WITH TREATMENT BY NAILING.—DR. NEWMAN.—All the methods spoken of in the textbooks will fail in some cases of ununited

fracture; therefore I report the following case, as giving one more method, and one that has proved successful in so far as I have been able to learn.

Case No. 46186—Cook County Hospital.—Name, Benjamin Wilson; age, forty-four; married; American; occupation, sailor. Admitted Oct. 5, 1884, at midnight. Family history good; previous health good; habits intemperate; no venereal history.

Present injury—while engaged in unloading lumber a log rolled upon his right leg, fracturing both the bones at about the middle, the tibia being fractured in two places, about two inches apart. There was a great deal of pain and swelling, for which hot fomentations were applied. As soon as the swelling subsided, the limb was put up in the usual way, and in about six weeks union had taken place in the upper fracture, but failed in the lower.

At this time Dr. Adams, who was on service at that time, irritated the surfaces of the bone with a drill; but this failed to set up the desired action, and after several weeks there was no more union than at first. Therefore, on Jan. 24, 1885—having in the meantime gone on service—I made a longitudinal incision about two and a half inches in length at the seat of fracture, and down to the bone, scraped a considerable amount of fibrous exudation from between the extremities of the bone, then drilled holes through the overlapping ends of the bone, and drove an ordinary board nail through—thus holding the fractured bone in almost perfect apposition. The incision was then closed with carbolyzed silk sutures and dressed antiseptically. The leg was then again put up in the ordinary way as at first.

The wound in the skin and tissues healed over the nail by first intention, and the nail was allowed to remain for six weeks, when an incision was made over the head of the nail, and it was withdrawn without any difficulty.

In about three months from the date of operation, discharged the patient with perfect union, and the injured leg apparently as strong as the other.—*Med. Era.*

REMEDIES FOR SICK-HEADACHE—*Atropine.*—It should be used when the symptoms point to Belladonna as the

remedy. The congestive variety, with hot, flushed cheek, injected eye, intolerance of noise and light, and where, also, the right side is affected—the presence of these indications would make us perfectly safe in administering Atropine.

Bryonia.—This is a favorite remedy of mine, and where the trouble is confined to the right side, and the least motion intensely aggravates all the symptoms, I feel pretty safe in giving this remedy. Extreme nausea on raising the head from the pillow, is a key-note. The subject usually lies upon the painful side. The existence of liver troubles, and a history of rheumatism will also lead us to think of this remedy.

Calcareo Carbonica.—The remedy where the subject is decidedly scrofulous. A white, flabby skin, enlarged cervical glands, hypertrophied tonsils—would indicate Calcareo. Codliver oil should usually be given in conjunction with this drug.

Glonoine.—I have used this remedy a great many times without special or positive indications, except the extreme severity of the attacks, and their evident association with disordered menstruation, or pelvic irritation. It has helped me a great many times, when prescribed according to even those meagre indications. Pain on top of the head, with suppressed menses, is almost certain to be relieved by this remedy.

Iris Versicolor.—I always prescribe this drug where the vomited matter is markedly bilious, and where the nausea is extreme. A blur before the eyes, preceding the attack, is also an indication.

Nux Vomica.—This is the brain-worker's remedy. The sick-headaches calling for Nux are the result of worry, care, night-work, loss of sleep and rest. Dyspepsia, constipation, hemorrhoids, and hepatic troubles, are additional indications for Nux vomica. The Nux patient should eat freely of fruit.

Sepia.—The left side mainly affected. Hepatic disorders, a sluggish circulation, yellow earthy skin, uterine disorders, and leucorrhœa, point strongly to Sepia as the remedy.

Stannum.—The *crescendo decrescendo* character of the pains is the characteristic indication of this drug.

Apomorphia.—Is a remedy that will usually relieve the intense nausea in a

short time, and should be used when this is extreme and cannot be controlled by ordinary means.

Magnesia Phosphorica.—One of the best known, and most thoroughly reliable remedies for this disease. I can give no indications—it is one of Schuessler's nutrition remedies.

Zincum Valerianate.—One of the positively acting drugs in this trouble. It is especially applicable in anæmia, and is indeed a king among drugs in the treatment of sick-headache and neuralgia.—*St. Louis Periscope.*

PERISCOPE.

TREATMENT OF NASAL POLYPUS BY SODIUM ETHYLATE.—In the *Asclepiad*, Dr. Richardson notes a method of treating nasal polypi by sodium ethylate. The operator uses a long and slightly curved pair of steel forceps, the ends of which come to a fine point. He takes a piece of soft cotton-wool, places it between the points of the forceps, and makes the end like a bougie. The cotton-probe is then saturated with the sodium ethylate, and the polypus, being brought down by the patient sharply blowing his nose, is touched with the sodium ethylate for about three minutes. On removing the cotton, it commonly happens that the patient can expel the whole mass of destroyed polypus, in a semi-fluid, by blowing the nose. The ethylate is afterwards applied to the base of the polypus, and the growth thus destroyed.—*London Medical Record.*

CLEARING TRACHEOTOMY-TUBES BY MEANS OF THE KITCHEN BELLOWS.—Mr. Morgan, in the *Lancet*, suggests a very simple contrivance for clearing the tracheotomy tube in cases of diphtheria, etc. The apparatus comprises (a) an ordinary kitchen bellows in good condition, and (b) a flexible rubber tube of three-eighths of an inch in diameter, and convenient length (say four feet) one end having a vulcanite nozzle which will accurately fit the silver tube, and with a lumen sufficient to permit the free escape of mucous, etc., and the other end having a contracted lip, so as to be air-tight when slipped over the bellows nozzle. The valve of the bellows can easily be fastened down by screwing into it a small gimlet and tying

the latter securely to the lower handle. The working of the apparatus needs no explanation.—*London Med. Record.*

In the *Asclepiad*, Dr. Richardson calls attention to the much overlooked value of sponge as a poultice carrier, especially for mustard. After the mustard paste has been made of a smooth and even consistency it should be taken up on a clean sponge, the sponge laid in the centre of a soft white cloth, the corners of which are tied, and the smooth convex side of the sponge is then applied to the surface of the skin. The mustard sponge, warmed again by the fire and slightly moistened, can be applied two or three times, and remains useful for several hours. The sponge can afterwards be easily cleaned in warm water.—*Medical Press.*

INHALATIONS OF NITROGEN.—Air to which a certain amount of nitrogen has been added has long been used by inhalation as a remedy in phthisis. Mermagen was the first to recognize that the nitrogen was really the active agent in this treatment. When patients are made to breathe air to which nitrogen has been added in the proportion of 2 to 7 per cent., certain effects are observed. With the first inspirations, the patients assert that they breathe more freely, the dyspnoea diminishes, and a general sensation of well-being prevails. The pulse becomes small, often filiform, from contraction of the radial artery. The patients—weak, anæmic and nervous—experience, during the operation, vertigo, a sensation of weakness and pressure on the head which may occasionally lead to syncope. The symptoms only are observed in the first two or three sittings. A constant symptom, according to Mermagen, is the cessation of night-sweats, generally after the second or third administration. Kohlschulter, who employs an atmosphere consisting of 96 per cent. of nitrogen, affirms that there is an increase of the sweats. One of the most surprising effects of the treatment is the rapid disappearance of the dullness due to tubercular infiltration of the apex, and the appearance of vesicular murmur with fine moist sounds and tympanic resonance. The temperature, according to Kohlschulter, rises to 46° C. Krüll shows that, to obtain good

effects from the treatment, the proportion of oxygen in the air must not be lessened by more than 7 or less than 2 per cent. All agree on the soporific effect of the inhalations of nitrogen. Mermagen says that he has seen the patient fall asleep while taking the inhalation, while other patients, in whom sleep at night was prevented by the cough and dyspnoea, were able, after the employment of inhalations, to sleep eight consecutive hours. The appetite is sensibly increased, and the nutrition keeps pace with it. A good effect is also produced on the colliquative diarrhoea.

The symptoms which are observed when rarefied air is breathed do not agree with those observed in an over-nitrogenized air. At great elevations it is observed that the pulse is full and tense, the respiration anxious and difficult, the appetite abolished or diminished. In over-nitrogenized air, the pulse is small and thread-like, the respiration is easy without dyspnoea or any symptoms of asphyxia, the appetite remains or is augmented, as is the general nutrition. Nitrogen must be absorbed like other gases; its effects are sedative, calmative and depressant, as those of oxygen are excitant, irritant and vivifying. When the air is of its normal constitution, these effects counterbalance each other. The inhalations are indicated in the majority of chronic pulmonary affections, especially in early phthisis. In advanced cases, miracles must not be expected, but Mermagen has seen much relief obtained even in these.—*N. Y. Med. Abstr.*

TREATMENT OF EPISTAXIS.—Introduce into the nostril, to a considerable distance upwards, a piece of fine sponge cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face for a length of time with the sponge in place. This, says *Lyon Médicale*, is the procédé employed by M. Siredey for controlling epistaxis in typhoid fever patients.—*N. Y. Med. Jour.*

THE TEN LAWS OF HEALTH.—Breathe pure air; secure wholesome food and drink; take adequate muscular and mental exercise; have proper clothing

for warmth and protection; keep all passions and appetites under rational control; see that the house and its situation are healthsome, that the daily occupation is not cramping, confining and exhausting; keep the skin clean and active; keep the mind content and tranquil, and take regular sleep; do not marry an unhealthy person nor a near blood relation.—*J. R. Black, M. D.*

THERE is no such thing as eating for strength in the sense in which the proposition is often put. Actual nutrition is always the ratio of expenditure. Much of the invalidism of the civilized world arises from the desire and the tendency to evade the natural law of ratio between supply and waste. However rare and unexceptional may be the quality of food, the surplus above that actually employed is but an impediment to physiological operations and invariably work mischief.—*Dr. G. H. Taylor.*

SINGULAR ABSENCE OF ADIPOSE MATTER IN THE UPPER HALF OF THE BODY.—*Dr. S. Weir Mitchell* reports the case of a school girl, *set. 12 years*, who began to emaciate after a severe cold which lasted three months. This emaciation increased in degree, and it was finally noted that it was confined to the head, neck, arms, and chest, and was due to total absence of fat in these regions. The muscles in the affected parts of the body are normal. The grasp of both hands is good. The abdomen, buttocks, and legs are plump, and present all the appearances of belonging to a very well nourished child.—*Amer. Jour. Med. Sc.*

THE PATHOLOGY OF DYSMENORRHOEA.—*Dr. Bell, of Glasgow*, in a paper on dysmenorrhoea, has drawn the conclusion that it arises in conjunction with stenosis, but that the stenosis is not the sole cause, because the pain ceases when the flow becomes established. Dysmenorrhoea might accompany a neuralgic condition of the uterine walls, and frequently did so. It had been said to be due to spasm of the uterus, and had been compared to the spasm which produced asthma, and, by way of argument, it had been said that asthma was cured by a copious secretion of the mucous membrane, just as dysmenor-

rhoea was generally relieved when the menses flowed freely. *Dr. Bell* held that the very reverse was the case, for it was only when the spasm in asthma ceased somewhat that the mucous membrane was able to secrete mucus to any extent. When the spasm was severe the nerve-centres, which controlled the mucous secretion by reflex action, were temporarily paralyzed, and it was only when the irritating effect of the spasm subsided that they were able to act, when the modified irritation which remained stimulated them to free action. When a copious flow of mucus resulted, just as when a severe inflammation of the Schneiderian membrane occurred, no mucus was secreted; but when this subsided, the more intense irritant ceased to act so powerfully on the ganglionic centres when their activity was restored, and afterwards stimulated by the moderate degree of irritation which the less congested condition of the mucous membrane conveyed through the afferent filaments. The obstructive theory had many advocates, among whom were *Dr. Barnes* and the late *Marion Sims*, but *Dr. Bell* was unable to agree with them that fluid blood should be less able to escape without pain than the catarrhal discharge, which was copiously excreted in the inter-menstrual period.—*Jour. of Amer. Med. Ass'n.*

CASE OF DOUBLE UTERUS WITH A FETUS IN EACH.—*Dr. E. W. Lane* reports a case of double uterus with a fetus in each. The labor was slow and tedious, the true state of affairs not being recognized until both children were born. The first child presented by the feet, the second by the head. Both placentas were retained. Hemorrhage took place from one of the uterine cavities, but ceased as soon as the placenta was removed.—*Atlanta Med. and Surg. Jour.*

REMOVAL OF GUNPOWDER MARKS FROM THE FACE.—*Mr. Lund* recommends the following plan: The night before the operation (which is to be performed under chloroform) the skin over each of the black dots or marks, or at any rate the most conspicuous of them, is painted with thick green vesicating collodion, which, for these and similar purposes, is an excellent epispastic. This being applied with a camel-hair brush over

the marks, the surface is allowed to dry. In ten or twelve hours, the cuticle over the part will be found raised, as an ordinary blister; only with this difference that the collodion has strengthened and thickened the epidermis, and it can, from this increased thickness, be torn off with forceps from the spots over which it had been painted. The papillary layer of skin so exposed will most probably have imbedded in it the foreign matter which is to be removed, and this can be done by means of some small scraping instrument, a Volkmann's spoon in miniature, or a hook or a gouge, such as is employed for extricating particles of iron or coke from the surface of the cornea.—*Br. Med Jour.*

BOILS.—A Kansas paper gives the following graphic description of a boil. The pathology may not be strictly in accordance with the latest views, but this fact does not detract from the readability of the article:

A boil is generally very small at first, and a fellow hardly notices it, but in a few days it gets to be the biggest of the two, and the chap that has it is of very little account in comparison with his boil, which then "has him." Boils appear mysteriously upon various portions of the human body, coming when and where "they darn please," and often in very inconvenient places. Sometimes a solitary boil is the sum total of the affliction, but frequently there is a "rub-bish-in lot of 'em" to help the first one. If a boil comes anywhere on a person, that person always wishes that it had come somewhere else, although it would puzzle him to say just where.

Some persons call them "Damboils," but such persons are addicted to profanity—the proper name is boil. If a chap has a boil he generally gets a good deal of sympathy from others—"in a horn." Whoever asks him what ails him laughs at him for his pains to answer, while many unfeeling persons make game of him, or of his misfortune, or boil. It is very wicked to make sport of persons with boils; they cannot help it, and often feel very bad about it. Physicians don't give boil patients much satisfaction as a general thing, although young physicians who are just beginning to practice are fond of trying their lancets on them.

Boils are said to be "healthy," and judging from the way they take hold and hang on, and ache, and grow, and burn, and raise Cain generally, there is no doubt they are healthy and have good constitutions. They are generally very lively and playful at night, and it is very funny to see a chap with a good large one prospecting around his couch for a place where his boil will fit in "without hurting it." Boils tend to "purify the blood," strengthen the system, calm the nerves, restrain profanity, tranquilize the spirit, improve the temper and beautify the appearance.

They are good things for married men who spend their evenings away from home, as they give them an opportunity to rest their night keys, and get acquainted with their families. It is said that boils save the patient a fit of sickness, but if the sickness is not best to have it must be an all-fired mean thing. It is also said that a person is better after he has them, and there is no doubt that one feels much better after having got rid of them. Many distinguished persons have enjoyed these harbingers of health. Job took the premium at the county fair, for having more achers under cultivation than any other person. Shakespeare had them, and meant boils when he said: "One woe doth tread upon another's heels, so fast they follow."

There are a great many remedies for boils, most of which are well worth trying, because, if they don't do any good they don't hurt the boil. Every man he meets will tell him of a "good thing" for it, among which are—shoe-maker's wax, Mrs. Winslow's syrup, trix, Spaulding's glue, Charlotte russe, gum drops, water-proof blacking, night-blooming cereus, chloroform, kissengen, etc.—*The Med. Age.*

RECENT EXPERIMENTS ON THE SEVERED HEADS OF CRIMINALS.—The Paris correspondent of the *Lancet* (May 9) says that the question has again been mooted as to whether those who have been decapitated suffer; and after additional experiments on the head of Gamahut, who was guillotined on the 24th ult., for the murder of a widow lady in Paris, coupled with those related by Claude Bernard, the presumption is that they do; for under the influence of transfused

blood, the blanched features recovered almost their normal expression, the eyelids were slightly open, and the lips quivered for a few seconds, as if to express some perception communicated from the brain. The conclusion, then, is that so long as the brain contains any blood, the head of the decapitated person, which falls into a receptacle prepared for the purpose, is capable of seeing, of hearing, and of knowing that it is separated from the body. This view, however, was repudiated by Professor Vulpian at the last meeting of the Academy of Medicine, on the following grounds: A strong blow applied to the head, or a less severe one to the stomach, would cause instantaneous syncope; that is to say, consciousness would for the moment be entirely abolished. So it would be in the case of the severed head, but of course without any possibility of recovery; the weight of the guillotine falling upon the neck would produce the same result. Moreover, syncope would be occasioned by the sudden division of the carotid arteries, and the consequent emptying of the arterial system of the brain. Therefore, at the very moment that the brain ceases to receive the vivifying fluid from the heart, it loses all power of excito-motility, as well as all power of sensation; all this transpires as quickly as thought, and its duration may be compared to a flash of lightning. It happened opportunely that a dog that was undergoing some experiments in Prof. Vulpian's laboratory was suddenly seized with a hemorrhage. Advantage was taken of this circumstance to immediately expose the brain and submit the latter to faradization. Scarcely half a minute had elapsed between the arrest of the circulation and the galvanic irritation. It was impossible to obtain any movement in the legs. The effects of the electricity produced in the muscles of the head and nose were not, according to Prof. Vulpian, due to the physiological transmission effected by the brain, but to the neighborhood of the source of irritation; the brain, having lost all power of excito-motility, would in this case act as a mere sponge; and if such a condition was found to exist for only half a minute after the arrest of the circulation, the interpretation put on the effects said to be produced on sev-

ered heads by other experimenters must certainly be considered erroneous.

SCHULTZ'S METHOD OF RESUSCITATING THE NEW-BORN CHILD.—At the last annual meeting of the Medical and Surgical Faculty of Maryland, Dr. Neale (*Medical Record*) illustrated Schultz's method of resuscitating the new born child in case of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head towards the operator, and its anterior surface to the front; it is then swung upwards, so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then in a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Silvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.—*Ther. Gazette.*

THE PHYSIOLOGICAL AND THERAPEUTIC PROPERTIES OF HAMAMELIS VIRGINICA.—From an elaborate essay on *Hamamelis Virginica*, by Dr. Hector Guy, of Paris, France, we draw the following conclusions:

Hamamelis Virginica is not toxic. Employed in very large doses, it produces no symptoms of poisoning in the inferior animals. It does not appear to be toxic to man, despite the fact recorded by Dr. Camperdon, concerning which there would seem to have been some mistake.

2. It does not appear to have any special physiological action on the vascular system, heart, veins, or arteries.

3. No alkaloid has been discovered in the bark or leaves. The active principle is probably an essential oil.

4. Therapeutically, *hamamelis* has an uncertain action. It has, nevertheless, given good results in certain cases of hemorrhoids. As a hæmostatic its action has seemed demonstrated in some circumstances. The results obtained in varices are not conclusive.

5. *Hamamelis Virginica* does not seem to merit the enthusiasm bestowed on it by certain American physicians. It has no clearly-defined special action. At the

same time, in certain cases its employment may be attended with success.—*Boston Med. and Surg. Journ.*

ON SHOCK AND ITS TREATMENT.—In a critical study of shock intended to elucidate its pathological relations, GRÖNINGER, of Berlin, defines shock as an exhaustion of the medulla oblongata and the spinal cord produced by violent excitation. This definition is no doubt perfectly proper, though it strikes us as if the term "exhaustion" is not sufficiently clear for defining purposes. We abstract here the principal conclusions of Gröninger's very interesting paper.

He recognizes the following varieties :

1. The lowest grade of shock, which causes no appreciable effects.

2. A middle grade, which weakens sensation.

3. A high grade, which extinguishes qualitative sensation.

4. A highest grade, which eradicates both passing and permanent sensations of every kind.

His views of the treatment are noteworthy :

Energetic counter-irritations of the skin are to be excluded as useless and even dangerous.

Abstraction of blood is contra-indicated.

Transfusion of blood can only be thought of in cases of great loss of blood.

Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study.

Alcoholic stimulants and subcutaneous excitation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most recommendable factors of treatment.—*Ther. Gazette.*

A NEW METHOD OF GIVING A BATH IN TYPHOID FEVER.—As is well known, the great difficulty in the use of the bath in fevers is the trouble which is involved in moving the patient in and out of the bath-tub. The following simple device will in great part remedy this trouble and also save the necessity of providing a portable bath-tub. The canvas of an ordinary bed-cot is to be made three or four inches wider than it is ordinarily arranged, and a board nailed at each end so as to hold the cot permanently open and project above it several inches in the

form of a head-board or foot-board. This cot is then arranged alongside of the bed of the patient so as to be on a level with the bed and at the same time firm. Over it is spread an india-rubber cloth sufficiently large to cover it entirely and to fall above and below the head-board and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing sponge, the water in this pool heated by the body can be removed by means of the sponge, and fresh cold water soused over the body enveloped in the sheet. In this way the water lying continually between the sheet and the body as well as saturating the sheet, so envelops the person that the effect of a cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath be given.—*Ther. Gaz.*

SAND-BAG FOR THE SICK ROOM.—One of the most convenient articles to be used in the sick room is a sand bag. Get some clean, fine sand; dry it thoroughly in a kettle on the stove. Make a bag, about eight inches square, of flannel, fill it with dry sand, sew the opening carefully together, and cover the bag with cotton or linen. This will prevent the sand from sifting out, and will also enable you to heat the bag quickly by placing it in the oven, or even on top of the stove. After once using this, you will never again attempt to warm the feet or hands of a sick person with a bottle of hot water or a brick. The sand holds the heat a long time; and the bag can be tucked up to the back without hurting the invalid. It is a good plan to make two or three of the bags and keep them on hand ready for use at any time when needed.

In a paper read before the American Gynecological Society, Dr. H. P. C. Wilson has collected details of thirty

cases in which various foreign bodies, principally sponges and artery forceps, have been accidentally left in the abdominal cavity after the operation of laparotomy. Six of these cases have occurred in this country. In most of them the oversight was only discovered on post-mortem examination. This, perhaps, also explains why out of the entire thirty cases only six have been published; one in this country and five in Europe. The cases in which the foreign body was recovered before death, or in which death was not caused by the foreign body, have all found their way into print, but concerning the fatal cases a most ominous and mysterious silence prevails. Dr. Wilson expresses the opinion "that the unknown are much larger than the known accidents of this kind."—*Medical Chronical*.

CIRCUMCISION.—In a recent number of the *Medizinskaia Obozreniye*, Dr. Portougaloff, of Moscow, has an article on circumcision among the Israelites, in which he takes strong grounds against the rite, on account of the hemorrhage which the operation, as performed by the priesthood, provokes, and the consequent injury to the health and vitality of feeble infants. In discussing the ceremony and the possible cause which gave rise to it, Dr. Portougaloff takes up the very prevalent idea that it was originally a wise sanitary measure, and that those upon whom it had been performed are less liable to venereal diseases than men left in the state of nature as far as the foreskin is concerned. "If fewer Jews present themselves to us for treatment in this line of maladies," says he, "it is simply because there are fewer Jews than Gentiles; the men are more continent, and early marriages are the rule"—a conclusion with which most observant practitioners will, in the main, agree. He concludes, therefore, that circumcision as a general operation, applied to all infants, is a deleterious and useless practice, and that it should be discontinued.

The maintainance of this barbarous rite by a race living in enlightened communities and in daily contact with civilization, is a wonderful example of the persistence of primitive customs when identified with religious beliefs. Among the ethical ceremonies and

tenets of Judaism, there is not one which has not been adopted or merged into Christianity, concerning which there exists in the minds of Christians in general so much superstitious respect as there is in regard to circumcision. The opinion alluded to by Dr. Portougaloff as prevalent in Russia, that the operation was a wise sanitary measure, miraculously revealed to a chosen people, and that its practice confers upon the descendants of this race peculiar immunity from the usual effects of filthy sexual debauchery, is all but universal among the masses in this country and England, and prevails to a greater or less extent throughout the balance of Christendom; nor is it confined to the laity; it obtains with equal or even greater force among a class of men whose education should lift them above the influence of tradition or superstition in the study of any question of fact, whether pertaining to hygiene or morals, religion or pure science. The following facts concerning the practice, well known to students of ethnology and history, instantly rob it of all claims to divine origin and divest it of the religious elements which have hitherto surrounded it, and given it an unmerited importance.

I. The rite is not peculiar to the Jews, but is practiced at the present time by the Mohammedans; the Malayo-Polynesians in Tahiti, Tonga and Madagascar; the Negrito races of New Caledonia, Tasmanie and Fejee; the Negroes of Africa, not only of the coasts, but of the interior, from Northern Abyssinia to South Caffreland; in America by certain Indian tribes of Mexico, Yucatan and San Salvador; and finally in Australia. It was practiced by the Egyptians from the remotest antiquity, and probably by all Arabian peoples. (See Herbert Spencer's *Evolution of Ceremonial Government*, Article on mutilations.)

II. In its origin and inception among the Egyptian and Sematic races generally, it was not a religious rite but a military mutilation, the foreskin serving as a trophy of war, exactly of the same nature as the scalps taken by American Indians. This is its character to-day in Abyssinia, as stated by Bruce and other African travelers. Bruce gives a graphic description of the ceremony of

presentation of bloody foreskins made to the war chief at the close of each day's fighting by every Abyssinian soldier who had slain an enemy. These foreskins were afterwards collectively given by the chiefs to the king, being deposited in a heap in front of his palace door or gate—an exact reproduction, after the lapse of a thousand years, of similar scenes in ancient Egypt, is depicted in mural paintings of earlier dynasties. That the same custom was in vogue among the Jews and had the same significance in the days of David, is proven by Saul's bargain with David as to the dowry for Michal (a hundred Philistine foreskins was the price asked for Michal, but David, with the usual extravagance of a lover, sent Saul two hundred of these pleasant trophies).

III. From the use of the operation as a method of securing trophies of dead enemies to one for marking living foes, captured in battle and held as slaves, the transition is an easy one. Hence, circumcision soon came to indicate subjection, and as remarked by Herbert Spencer (*loc. cit.*) "that it was so regarded among the Hebrews all the evidence proves." This was its meaning in the contract entered into by Abraham with Jehovah; the Lord was to be a god to him, in consideration of which Abraham and his descendants and their slaves (*not* of Hebrew blood) were to be circumcised (to show their subjection to God.)

IV. None of the races now practicing circumcision are noted for cleanliness or for any immunity from venereal diseases. On the contrary, so far as the races of Oceanica, Polynesia, etc., are concerned, syphilis has played and is playing the principal rôle in the process of extinction which they are rapidly undergoing. Among the Mohammedans filth is the highest token of sanctity.

Having disposed of the question of divine origin, we may look at circumcision in the light of any other surgical operation, which may be useful and advisable, or the contrary, according to circumstances.—*St. Louis Med. and Surg. Jour.*

DEATHS FROM ANÆSTHETICS IN 1884.

Dr. Ernest H. Jacob, Assistant Physician to the General Infirmary, Leeds, tabulates the number of deaths from anæsthetics

which occurred in Great Britain during 1884. (*Brit. Med. Jour.*, May 2). The table shows 9 deaths from chloroform, 2 deaths from mixture of chloroform and ether, 3 deaths from methylene, and 6 deaths from ether.

In commenting upon these facts, Dr. Jacob says: "In reviewing the cases of death from chloroform and ether respectively, one is struck by the difference in the character of the operation; the deaths from chloroform being mostly in comparatively healthy persons, during slight operations. The deaths from ether occurred, without exception, in persons severely debilitated by disease."—*Maryland Med. Jour.*

HOW TO TAKE A PILL.—A very large class of persons cannot swallow a pill of any description or make; to this class I belonged until last winter, when I had occasion to take chininum sulph., and by a simple method that Dr. E. S. Hanna told me of, I was enabled to take pills as easily as the most confirmed pill-consumer.

Another class of persons succeed in taking pills but by a mighty effort; sometime, hours before taking the dose, they begin to make up their minds, as we say, to swallow it without any ado, but as the hour for taking the dose draws near they think of jellies, preserves, prunes, etc., in which to more easily swallow the pill, and even then how often does it end in failure?

The *modus operandi* of Dr. Hanna's method which I had tried with complete success on many patients, who were taught by their former experience that it was impossible for them to swallow a pill—at least, in the ordinary way—is to place one or more pills under the tongue. I repeat, to place one or more pills under the tongue, then take a mouthful of water or other liquid and swallow (just as in the act of drinking); this done, look for the pill. Invariably the "I-can't-take-a-pill-patient" is astonished, and sometimes he investigates the mouth with his fingers to reassure himself if he has really swallowed the pill.—*Med. and Surg. Reporter.*

MELANOSIS.—M. Bard says that melanosis is a parasitical disease, and that the pigmentary matter is made up entirely of spores.—*N. Y. Med. Record.*

NEW POINTS ON COCAINE.—Professor Panas has just given to the Académie his latest experiments with this drug. When he last spoke of it he had said that it had a slight mydriatic action. He now finds that it determines a very large and persistent dilatation of the pupil. He at first thought that there was a mixture of atropine, but found out that, owing to the high price of cocaine, the persons who prepared it were in the habit of using the leaves twice,—that is, after having taken pure cocaine out of the leaves they pressed them over again, and got a substance that was a mixture of cocaine and some other substance which was not known, and it is very likely that this unknown derivative of hygrine is the cause of the dilatation as large as atropine, but less permanent. In the case of atropine, as is well known, it often persists several days, while with this substance it *lasts only twenty-four hours*. It is not an anæsthetic, like cocaine.—*Phila. Medical Times*.

MEDICAL REFLECTIONS ON KISSING.—Young men should be ever careful to avoid excess in wine and too lascivious kissing.

This is the counsel Horace gave to his friends:

"Ab ebriete et infano amore cavendum."

So Doctor Leloir, of the Faculty of Lille, gives the following:

A young man, a little over-stimulated, met a pretty girl at a ball. He took her home and proceeded to kiss her all over, even including her feet in the operation. It so happened that the young lady had some eczema between her toes: the result of all this tenderness was that the young man secured a magnificent infecting chancre, which leads us to remark that kissing between the toes is apt to beget trouble when the lady is a ball-room dancer.

At the Hospital of La Charité a young woman had had a child affected with a chancre on the thigh. This child was bitten by a small snake, and a working man, thinking to save the baby, and that the chancre was the result of a bite, proceeded to suck the wound. The result was a chancre in the tongue that almost destroyed that important organ.

Doctor Leloir reports cases where young married women and engaged girls had chancroids on their lips from

kissing their husbands or men to whom they were engaged. Unfortunately too many men believe themselves cured of a pox when they still have mucous patches on their lips and in their mouths.

One day a young man came to Doctor Leloir and said: "How many days will it take to whiten me?" this being a popular expression in France among young men who have mucous patches in the mouth. "It will take several years," answered Dr. Leloir. "What!" said the young man, "I cannot wait, the banns have been published and I must be married within two weeks, my future happiness and fortune depend on it." Said Dr. Leloir: "If you do that thing you commit a crime and will be a scoundrel. Why, man, 'tis only a few days since that the young Count M. Z., suffering from an incurable pox and not wishing to poison his betrothed, blew out his brains with a revolver rather than destroy his bride's health. He confided the secret to me."

In another case a young girl came to Dr. Leloir for a bubo and chancre, the result of drinking out of a goblet from which a friend with pox had taken a drink.

No matter what the kiss may be, it should be discreetly given. Dr. Leloir then gives instances of where wet nurses propagated syphilis.—*Journal de Médecine*.

DIAGNOSTIC ODORS OF THE BREATH.—The breath of menstruating females has a disagreeable earthy or mouldy odor, which is quite diagnostic and almost infallible sign. At such times, women should exercise some extra caution in the hygiene of the mouth.

A chloroform-like breath accompanies high temperatures in children, and is frequently indicative of pneumonia.

The breath of the subjects of confirmed diabetes mellitus often resembles that of people addicted to the abuse of alcohol; and this fact would probably account for many mistakes which occur in the arrest of so-called drunkards.

The internal administration of sulphide of calcium, continued for some time, gives a strong odor of sulphuretted hydrogen, or rotten eggs, to the breath, and excretions, and blackens silver coins or jewels carried about the person

THE TEMPERAMENTS.—SANGUINE TEMPERAMENT.—The *form* is full and round, neither very gross nor very spare, and the *muscles* firm and elastic. The *complexion* is florid and ruddy, from the rich capillary circulation. *Arterial blood* abounds, the veins being small, the circulation active, and the *pulse* full and quick. The *bodily functions* are quickly and easily performed. Mind and body are quickly stimulated into action, and there is great endurance.

There is an intense animation and buoyancy of spirits, and in the mental sphere rapid thought, vivid imagination, and quick perception.

Subjects of this temperament are prone to congestions, inflammations, and fevers, and all diseases are inclined to take on inflammatory action.

NERVOUS TEMPERAMENT.—The *habit* is spare, the frame somewhat angular, the *muscles* spare, and not well defined. The skin is dark, dull, earthy, or sallow, and hot and pungent to the touch. The cranium is large. The *circulation* is languid, with a preponderance of the venous system: the *pulse* variable and easily excited. The face has the lineaments of energy, and movements are hasty and abrupt.

The mental powers are large, and capable of persistent exercise. The affections are violent, and the passions are usually very strong. Sensations have an intensity far in excess of the exciting cause.

The individual is subject to neuralgia, nervous diseases, spasmodic affections, and mental disorders.

LYMPHATIC TEMPERAMENT.—The *body* is heavy, inclined to corpulence, the flesh full but soft; the joints and hands large, and the feet broad and flat. *Complexion* sallow or pasty; the hair light or reddish. The pulse is slow and easily compressed. The bodily functions are slow and languid. The chest and heart are inadequate in bulk to the rest of the body.

The mental processes are *slow*, though there is great firmness, and usually good judgment.

These subjects are inclined to glandular enlargements, catarrhal affections, abscesses, and dropsies. There is slight power of resistance to acute diseases, with a tendency to take on the chronic form, especially of the strumous and asthenic kinds.

BILIOUS TEMPERAMENT.—*Habit* spare; muscles hard-knit; tendons wiry; complexion swarthy, with a yellowish tinge; sharp features; dark and deep-set eyes. They are characterized by violence of reaction to irritation, particularly of the biliary apparatus, with disturbances of the digestive functions, dark-colored urine, and constipation. The bilious derangement engenders melancholy, ill-humor, and acrimony of temper.

WORCESTERSHIRE SAUCE.—Worcestershire sauce is receiving from several papers in the country the censure it deserves. This so-called sauce is a delusion and a snare. It is all right for an old toper who for ages has been cooking the mucous membrane of his fauces, pharynx, oesophagus and stomach with whiskey, brandy and gin, to stimulate the semi-paralyzed nerves of his alimentary tract with such a decoction; but for one who lives as God intended he should live, eating and drinking only those foods which are beneficial rather than detrimental; why such a one, one who has a proper respect for himself, and especially for his digestive apparatus, should use anything so abominable, is beyond comprehension.

It is composed, according to the *Druggist's Circular*, of vinegar, all-spice, cloves, black pepper, mustard, ginger, salt, shallots, sugar, tamarinds, sherry, curry powder, and cayenne in certain proportions.

Mr. W. L. Alden in *The Cook*, says that the real design of the "nobleman of the county" of Worcestershire, who invented the compound, which, under the false name of sauce, has obtained such world-wide notoriety, was to furnish a universal table disinfectant, by the use of which objectionable food might be rendered tolerable. For this purpose Worcestershire sauce is admirably adapted. It extinguishes the native flavor of every object to which it is applied, and reduces all articles of food to a common level of taste. The prudent traveler who carries a bottle of Worcestershire with him can sustain life even in the most barbarous Pennsylvania inn. The coarse liver, the dried beefsteak, and the aged mutton, when plentifully sprinkled with Worcestershire will lose their original taste, and will be indistinguishable from de-

cent articles of food similarly treated with Worcestershire. Regarded as a table disinfectant, Worcestershire sauce is an inestimable blessing to the diner who is compelled to trust his palate and stomach to the mercies of country tavern-keepers. It is only among the ignorant that Worcestershire is mistaken for a true sauce, whereas, it should properly rank with carbolic acid and chloride of lime as a powerful and beneficent disinfectant.—*S. J. Health.*

MEDICINES WHICH STIMULATE THE LIVER—Podophyllin, in small doses, is a stimulant of the liver. During the increased secretion of bile, the percentage amount of the special bile solids is not diminished. If the dose be too large, the secretion of bile is not increased. It is a powerful intestinal irritant.

Euonymin is a powerful hepatic stimulant. It is not nearly so powerful an irritant of the intestines as podophyllin.

Sanguinarin is a powerful hepatic stimulant. It stimulates the intestine, but not so powerfully as podophyllin.

Irisin is a powerful hepatic stimulant. It also stimulates the intestine, but not so powerfully as podophyllin.

Leptandrin is a hepatic stimulant of moderate power. It is a feeble intestinal stimulant.

Colocynth is a powerful hepatic as well as intestinal stimulant. It renders the bile more watery, but increases the secretion of biliary matter.

Jalap is a powerful hepatic as well as intestinal stimulant.

Menispermis does not stimulate the liver. It slightly irritates the intestinal glands.

Baptisin is a hepatic, and also an intestinal stimulant of considerable power.

Phytolaccin is a hepatic stimulant of considerable power. It also slightly stimulates the intestinal glands.

Hydrastin is a moderately powerful hepatic stimulant, and a feeble intestinal stimulant.

Juglandin is a moderately powerful hepatic, and a mild intestinal stimulant.

Ohloride of ammonium is credited with cholagogue properties, but it is questionable; nevertheless, it certainly stimulates the intestinal glands.

Calomel is a powerful purgative, but whether it stimulates the liver is still *sub judice*.

Corrosive sublimate is a potent hepatic stimulant, but acts feebly on the intestine.

Sulphate of potash is a powerful intestinal irritant, but its action on the liver is variable and unreliable.

Taraxacum is a feeble hepatic stimulant.

Dilute nitro-muriatic acid has a moderate stimulant action on the liver.

Boldo, bromide of potassium, nitrate of potash, and hard soap have each some stimulant action on the liver.—*Med World.*

REVIEWS OF NEW PUBLICATIONS, &c.

TRANSACTIONS OF THE WISCONSIN STATE ECLECTIC MEDICAL SOCIETY FOR 1885.

In addition to the minutes of the meeting, the papers read before the Society are published. Some of the papers contributed are very interesting.

SURGICAL NOTES FROM THE CASE BOOK OF A GENERAL PRACTITIONER. By William C. Wile, M. D., Sandy Hook, Conn. A Reprint from the *New England Med. Monthly*, July, 1885.

PROF. JOSEPH RODES BUCHANAN; Who is he and what has he done? A biographical sketch of Prof. Buchanan. Also contains his speech on Medical Legislation, delivered before the Public Health Committee of the Massachusetts Legislature, March 5th, 1885.

A MEMOIR OF CHARLES HILTON FAGGE. M. D., late physician to Guy's Hospital, Pub. by P. Blackiston, Son & Co., Phila.

HINTS ON DIGESTION; A brief resumé of the latest physiological investigations. Pub. by the New York Pharmacal Association.

TENNESSEE STATE BOARD OF HEALTH; Report of Proceedings, Nashville, July 7th, 1885.

COLLEGE ANNOUNCEMENTS FOR 1885-6 RECEIVED.

ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

FORT WAYNE COLLEGE OF MEDICINE.

COLLEGE OF PHYSICIANS AND SURGEONS,
Baltimore, Md.

CHICAGO HOMOEOPATHIC MEDICAL COL-
LEGE.

PULTE MEDICAL COLLEGE, Cincinnati,
Ohio.

HOMOEOPATHIC HOSPITAL COLLEGE, Cleve-
land, Ohio.

MISCELLANY.

THE ECLECTIC MEDICAL SOCIETY OF THE
STATE OF NEW YORK will hold its twenty-
fifth annual meeting, in New York City,
on the 9th and 10th days of September
next.

SPECIAL NOTICE.—We would call at-
tention to the high character of the
houses represented in our advertising
department. We exercise extreme care
in admitting advertisers to our columns,
and only accept those whose standing
with the profession is conclusive evi-
dence of the reliability of their prepara-
tions. By corresponding with the fol-
lowing firms, our readers will derive
information that may benefit them not a
little in their practice:

Hydroleine.—We have used this pre-
paration in a number of cases of phthisis,
with marked benefit. While more
efficacious than the ordinary prepara-
tions of cod liver oil, it is also palatable,
and is readily tolerated by the most
delicate stomachs. A copy of the valu-
able work, "Consumption and Wasting
Diseases," by G. Overend Drewry, M.
D., will be sent free upon application, by
W. F. Kidder & Co., 83 John St., New
York, to subscribers of the *ADVOCATE*.

Carl Jensen's Pepsin.—Of the several
preparations of pepsin, none has proved
more valuable or given more satisfaction
to the medical profession than Jensen's
Chrystal Pepsin. Address the manu-
facturer at 2039 Green St., Phila., Pa.
for information as to the novel adminis-
trations of this agent.

B. Keith & Co., 75 William St., New
York, have published a revised and en-
larged manual of their pure concentrated
medicines, which will be sent to any
physician who mentions the *ADVOCATE*.

**Scott's Emulsion of Pure Cod Liver
Oil.**—Samples of this preparation will
be sent free by express by Scott &
Bowne, 108 and 110 Wooster St., New
York, if the *ADVOCATE* is mentioned.

Fellows' Hypophosphites.—Readers
of the *ADVOCATE* can procure a large
sample bottle by addressing a postal-
card to James I. Fellows, 48 Vesey St.,
New York, and mentioning this journal.

**Celerina, Aletris Cordial, Acid Man-
nate, and Pinus Canadensis.**—Four pre-
parations that cover a wide range of in-
dications in the treatment of diseases.
Samples will be furnished to our sub-
scribers, without charge, by the Rio
Chemical Co., St. Louis, Mo.

The Elastic Truss is superseding all
others. Write to the N. Y. Elastic Truss
Co., 744 Broadway, for descriptive cir-
culars.

The Kidder Manufacturing Co.—This
firm make a battery that can always be
relied upon for good work. Address
them at 820 Broadway for prices, etc.

The Gate City Stone Filter Co. have
removed from their office on 14th St., to
No. 843 Broadway. They have intro-
duced the only filter in the world that
will actually do the work claimed.

Parke, Davis & Co., Detroit, Mich.—
This enterprising house is untiring in its
efforts to place the best and purest
drugs and medicines in the most desira-
ble forms before the medical profession.
We invite attention to their new ad-
vertisement on the fourth page of cover
of this issue of the *ADVOCATE*, and advise
our readers to procure descriptive cir-
culars of the preparations therein men-
tioned.

Lactopeptine.—In dyspepsia and all
other conditions arising from imperfect
nutrition, we know of no remedy superior
to Lactopeptine. See advertisement on
page IX.

THE FOLLOWING "gem of purest ray
serene" has been forwarded (*Canada
Med. and Surg. Jour.*) from Berham-
pore, which, we take it, is somewhere in
the Madras Presidency. It is the duty
of the tahsildar (head man of the vil-
lage) to send in to the collector or head
officer of the district a periodical return
of all diseases, births, marriages, deaths,
etc., in his village. In one of these re-
turns the collector discovered that there
were no births shown, and called upon
the tahsildar for an explanation. He
replied, "Your honor will find the births
included under the heading 'bowel com-
plaints.'"

THE GREATEST MORTALITY from scarlet fever is during the third and fourth years of life, from diphtheria during the second and third years. It is found that the majority of children dying of diphtheria and scarlet fever in the first five years of life are boys, while the majority of those dying of these diseases during the second five years are girls.

AUNT BETSY'S "SIMPSONS."—One day, not long ago, I was called to see an old colored woman of the "fo-de-war" type, black as the ten of spades (which is ten times blacker than the ace), extremely voluble, and anxious to impress me with the importance of her "simpsons," of which she was determined I should have a full and clear understanding before I prescribed.

"My mis'ry, doctor, wuks right up from bofe my legs, an' up through my stummick, an' den crosst my bowels, all a shaky an' a wig-waggy! Den my right shoulder, doctor. *Law sakes!!!* Dat yer mis'ry in my right shoulder pow'ful bad sometimes. Den I has shootin' pains all up an' down my spine, dreadful! an' lumps in my flanks, an' a burnin' all over my right side, an' a *roarin'*! yes, honey, an awful *roarin'* in my head, an' de bones all loose in my head. Den I has pains in bofe shoulders, an' my insides dey workin' jes' like maggots!! an' I has a draggin' in my stummick an' my sistum very bad. Ef you b'lieve me, doctor, dar's a patch o' mis'ry in de small o' my back, an' when I stan' up 'pears like my insides dey stickin' to my spine! an' a wallowin' in my head, an' I don' got no appetite, an' 'pears like every minute I gwine throw up my insides. I can't drink no fresh water, drinks all my water *biled*! In de night you can hear my head a *roarin'* an' a buzzin', an' den my bowels gets to workin', an' you kin hear 'em a crackin' an' a blabbin'! an' dey all a shakin' an' a trimblin'. Den I has a hotness in de bone o' my neck, yes, doctor, right in de bone o' my neck, an' at fuss a *pang* riz up acrost my neck, an' riz an' *bust*!! I knowed it wa'n't a blood-wessel else I'd died *sure*."

DR. FEHLING, of Stuttgart, well known for his invention of the celebrated sugar test which bears his name, died on July 1st, in his seventy-third year.

THE EAR AS AN INDICATION OF CHARACTER.—A physician in Detroit says that a small ear is an indication of bad character, and that criminals have the lobule of the ear imperfectly developed. What a powerful good fellow the jack-ass must be.

It is told on a young physician of this city that he doctored a man for yellow jaundice for a week before he found out that his peculiar sallowness was owing to the fact that he was a mulatto.

A Russian physician reports that, in a patient with malaria, he could hear a soft blowing sound, synchronous with the pulse, at the tip of the tenth rib on the left side. This peculiar spleen pulsation has been previously observed.

MRS. DE POULTICE—"Oh! I am a firm believer in homœopathy and never think of employing old school physicians any more."

MRS. DE PINKS—"Well, I can't say I entirely agree with you."

"But I thought you believed in it, because you told me you had a homœopathic physician for the children."

"Yes; it seems to work well with children, but still I don't place much confidence in it. When poor Fido was sick I sent for an allopath."

A simple disinfecting lamp is formed by burning in a common lamp a mixture of equal parts of benzine and bisulphide of carbon. Sulphurous acid vapor is abundantly given off in the burning of the mixture.

ECONOMY.—A farmer and his wife went into a dentist's.

"How much do you charge for filling teeth?" asked the farmer.

"From \$2 to \$5."

"An' how much for pulling?"

"Fifty cents."

"Mariar," he said, turning to his wife, "you'd better git it pulled."

DOCTOR—"For dinner take 40 minutes."

TIMID PATIENT—"Would it be dangerous to add a piece of meat and some vegetables?"

The Medical Advocate.

VOL. VII., OLD SERIES, }
VOL. II., NEW SERIES. }

NEW YORK, SEPTEMBER, 1885.

No. 9.

The Scientific Unity of Medicine; or, Homœopathy and Allopathy Reconciled.*

BY

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SILVER LAKE, FLA.

(Continued from page 301.)

II.

THE TWO MAXIMS.

If Allopathy had not existed, Homœopathy would never have been discovered; or, should I have said, invented? The reality of the one, only could call forth the idea of the other.

The truth of this sentence will not be denied by any one who is invested with sense for the historic. The substance of Homœopathy was in its antagonism to Allopathy, and Allopathy as medical sectarianism was not established except by Homœopathy. Thus, if there is the slightest truth in either, neither can be medicine altogether, and, consequently, *medicine as an entity can forbear with none.* A really scientific Allopath never pretended, indeed, to be one, and when a Homœopath wants earnestly to be scientific, the first thing he does is to cease to be exclusive.

Homœopathy is right as far as it goes. It would be an affront, indeed, to so many excellent men, if we were to deny that according to the maxim *similia similibus curentur* as many and as brilliant cures have been effected as according to the opposite one, *contraria contrariis opponenda.* Even if more had been accomplished, it would not follow, from that fact alone, that the Homœopathic maxim be more correct than its opposite one, for medicine may be successfully administered according to erroneous therapeutic principles. It has happened more than once that a medication was correct, but the arguing on which it was based, wrong. The error committed in the case was of such a nature as not to affect the cure. Aside from the question of success, ac-

cordingly, the theory of therapeutics as a doctrine has to be proved.

There is, however, a tale to be told about homœopathic successes, of which Hahnemann failed to make mention, but to which the German poet, Göthe, pointed, in saying, that whoever would be attentive as to his diet, and strictly adhere to hygienic principles, was on the highway to Homœopathy. With Hahnemann, success was not so much in the direction of his remedies as in the character of his patients and in his own. His very disciples are of this opinion. Although Dudgeon, in his course of lectures on the theory and practice of Homœopathy, admits that "it would, perhaps, be out of place to preface a course of lectures upon the ordinary practice of physic with an account of the personal history of Æsculapius or Hippocrates, of Galen or Sydenham, as the representative men of old physic," yet, he thinks it "almost as unpardonable for the teacher of Homœopathy to omit attempting to estimate the character of its founder, as it would be for the historian of the great religious Reformation of the sixteenth century to omit the study of the life and character of Martin Luther."* Now then, it may be, Dudgeon is justified in comparing Hahnemann with Luther; but then, so much the more we must set him down as a character instead of as a scholar. And this must needs tell on Homœopathy, as without any doubt it has told on the sect, on many of whom the words of their master were not lost: "He who does not walk exactly on the same line with me, who diverges, be it but the breadth of a straw, to the right or to the left, is an apostate and a traitor, and with him I will have nothing to do." Even at the present day, the class of patients which the Homœopaths get, differs widely from that which the Allopaths have to deal with. The patients of the Homœopaths are either overdrugged, when they are

* Copyrighted March, 1885, by the Eclectic Publishing Company.

* Introductory Lecture, p. xvii.

benefitted negatively to such an extent that all positive medication is the more successful the more it is confined to mere smelling of sugar of milk globules moistened with highly diluted medicine, or they are persons who, having in the wisdom of their philosophy of life got so far that they put confidence in homœopathic doses of medicine, will also comply with the request which Hippocrates * had already made, viz., to join their own exertions with those of their physician to get rid of their ailment. The Allopathic patients, on the other hand, place their confidence so entirely and exclusively on medicine, that they set down every doctor as half-breed who claims anything else than the swallowing of big bottles.† By his *similibus* Hahnemann antagonized disease, and Homœopathy in this relative sense is as old as medicine itself. Dudgeon gives an account of it in his above cited Lectures; and, quite recently, a sensible article in a New York newspaper ‡ pointed to it. Though the general rule be *contraria contrariis opponenda*, it is said, in a work attributed to Hippocrates, the opposite rule also holds good in some cases, viz., *similia similibus curantur*, and the interpretation of this principle, as in all similar cases in the writings of Hippocrates, has to be looked for in the practical instances where he makes mention of a special application: "Give the patient," says he, "a draught made from the root of mandrake, in a smaller dose than will induce mania." In this latter part of the prescription, the common sense, or, if you choose, the secret of the law *similia similibus* is contained; and without this, all Homœopathy would be a ludicrous farce. If we were to ignore it, the writings of Hippocrates would come near to ridicule. For when he states, in one book of his Aphorisms, "that cold water causes convulsions, tetanus, rigor, and stiffness, and in another book, that affusion with cold water in tetanus will restore the natural warmth;" or when he

says that "cold things such as snow and ice cause hemorrhages," and yet directs to use cold water for the cure of hemorrhages; or speaking of epilepsies, avers, "most of them are curable by the same means as those by which they were produced;" or in an apocryphal collection called the Epistles of Hippocrates, "Hellebore given to the sane, causes darkness on the mind, but it is wont greatly to benefit the insane,"—it is as clear as the sun that, aside from other circumstances, the dose is to be taken into account. A similar interpretation must be given to the sentences of Galenus which Dudgeon cites, and Paracelsus gives literal expression to this idea in saying, "many things, if used rightly, are beneficial; if the reverse, poisonous." "Boulduc perceived," says Hahnemann, * "that the purgative property of rhubarb was the cause of its curative power in diarrhoea." But "where is a purgative in all your books, that is not a poison, that will not cause death or injury, if attention be not paid to the dose in which it is given?"

Rhubarb in small quantity is a tonic. "Mercury in small doses acts as a tonic upon healthy animals, increasing their weight; but in larger doses it is debilitating."† Dudgeon cites, as an endorsement of *similia similibus*, the sentence of Paracelsus: "What makes jaundice, that also cures jaundice and all its species. In like manner, the medicine that shall cure paralysis must proceed from that which causes it." But the said Homœopath himself admits that this enunciation of Paracelsus is not to be valued out of connection with this author's predilection for small doses, for he cites further out of the works of Paracelsus: "As a single spark can ignite a great heap of wood, indeed, can set a whole forest in flames, in like manner can a very small dose of medicine overpower a great disease, and just as this spark has no weight, so the medicine given, however small may be its weight, should suffice to effect its action."‡ On the other hand, it would be one-sided, doctrinary, if we were to conclude from the *similia similibus* principle, in its historical sense and tendency,

* Aphorisms.

† The difference of quality of the Homœopathic and Allopathic patients is characterized by the difference of their ways in cases of indigestion. The allopathic patient with a foul stomach will be anxious to find out among all eatables presenting themselves to his mind, the one by eating which he can get relief. The homœopathic patient will be anxious to avoid, among all eatables, those which he may not eat to get relief.

‡ *Evening Post*, June 30, 1883.

* Dudgeon, l. c., p. 23.

† Dr. Keys, according to Dr. Ringer, *Handb. of Therap.* p. 273.

‡ Dudgeon, l. c., p. 16.

that, in employing it, the dose to be chosen had unexceptionably to be trifling. The *similia similibus* principle does not imply this. It refers only to the selection of the drug. But as to the curative action, *contraria contrariis opponenda* obtains in Homœopathy as well as anywhere else, and in case a curative action was not to be obtained but by bigger doses than those of the provings on the healthy person, it would be as homœopathic to give the bigger doses as it would in other cases to give the infinitesimal potencies. Opium in large quantity creates a wandering spirit, delirium. Notwithstanding, in cases of insanity, this drug may not only be given in large quantities with impunity, but is reputed to be the best remedy that can be made use of. With opium, however, what is a large, what a small quantity? "A single drop of laudanum (gtt.25=gr.j.) has produced lethal effects in a child under six months of age."* "Five cases, according to Taylor, have been recorded, in which one grain of the muriate of morphia caused death in an adult,"† and "De Quincey took 320 grains of opium daily."‡ But again, in case of opium-poisoning it is of no use giving atropia in bigger doses than 1½ grain, or more than three doses in intervals of fifteen minutes. "It is a fatal error to attempt to restore a patient in opium narcosis to complete consciousness by repeated doses of belladonna." * * * "To substitute belladonna narcosis for opium narcosis is only increasing the hazard under which the patient is already struggling." And who is it who gives these directions? An old school physician, Roberts Bartholow, M. A., M. D., L. L. D., Professor of *Materia Medica* in the Jefferson Medical College, of Philadelphia, etc.‖ Similarly, other old-school authorities, perhaps the majority, occupy an independent standpoint, and it is merely a matter of habit, to combine the idea of small doses in-

variably with homœopathic practitioners. But more of this hereafter.

It is possible that the law of *similia similibus curantur* obtains in the majority of cases, or even in all of them, as to the selection of the drug in proportion to the provings on the healthy. But as to its application, *contraria contrariis opponenda*, i. e., that dose which is contrary to the particular disease, is to be opposed to it.

An illustrative example is easily to be picked from Kinesi-therapeutics. In case of a sprained ankle, if it is of quite recent date, inflammation just having set in, a perfect cure is to be accomplished in a couple of hours. The selection of the remedy is made according to the law, *similia similibus curantur*, like cures like; the injury came on by outward movement, and it is outward motion which has to rid the patient of it. But the application of the Kinesi-therapeutic remedy has to be made according to the principle, *contraria contrariis opponenda*, for while, being injured, it was an extensive or arthritic movement which set up the intense or molecular movement of congestion and inflammation, the treatment proceeded on is an opposite one; the massage being made use of, tending to set up a molecular movement which restores the arthritic function, and not until the mobility of the joint is recovering, functional or arthritic movement may follow. On the other hand, if the sprain is one of old standing, and either neglected or spoiled by malpractice, being treated, perhaps, as a fracture, bandaged and put up in splints, the diagnosis is that it was the lacking arthritic motion which caused præternatural formation of tissue, and stiffened the joint; arthritic movement is necessary to get up molecular action. The præternatural tissue must be destroyed, either by forcible pressure, digging in of the thumbs while the disordered limb is resting on the palms of the surgeon, or by increased exercise of the joint, not so much as a means to restore its mobility, as to set up by irritation an inflammatory condition which will allow of a molecular movement again, the indispensability of which in all curative processes is demonstrated. Consequently we may make bold, I trust, to assert that, either of the two maxims obtain in this way, but that only in combining

* Roberts-Bartholow, *Materia Medica*, p. 336.

† Id. ibid p. 335.

‡ Ringer, *Therapeutics*, p. 537.—"Dr Chapman tells us that he knew a wine-class of laudanum to be given several times in the 24 hours. 'But what is still more extraordinary,' says this author, 'in a case of cancer of the uterus which was under the care of two highly respectable physicians of Philadelphia, the quantity of laudanum was gradually increased to three pints, besides a considerable quantity of solid opium in the same period.'"—Pereira.

‖ *Materia Medica*, a practical treatise on, p. 350. New York, 1880.

them both, each of them in its peculiar direction and for its particular purpose, a practice is to be established which will realize the old classical standpoint of Hippocrates and his school.

The mischief wrought by the antagonism of *similia similibus* and *contraria contrariis*, is not in these maxims as such, for both are correct, but in their being opposed to each other. It has been proved that electricity quickens the pulse in the healthy, and diminishes its frequency when it is morbidly quick. Now, then, what is electricity in this case? Both *similia* and *contraria*; it accommodates itself to opposite conditions, and consequently its therapeutic action cannot be satisfactorily explained by any of the doctrinary contrivances which restrict their polemical apparatus to exclusively scholastic views. In order to find an adequate formula for the principle which presides over the whole range of the theory and practice of medicine, we have to acquiesce to the rules I have laid down in the introductory remarks to this essay, and dive deeper into the substance of natural philosophy; and even then we should hardly be able to embrace all this vast knowledge by a single grasp, and accommodate the profession with an axiom that will suit all purposes and desires, if science, in its development through hundreds of years, promoted by the vast learning of the greatest scholars of all countries, had not, in the dynamical theory, put a directing definition of disease in our way, like a full-grown fruit that was dangling in the sun, ripening to over maturity because of its having been forgotten to harvest.

Hahnemann's system is full of contradictions. "The most distressing and unmanageable chronic maladies affecting the human system," he says, "are those which have been superinduced by the unskillful treatment of the Allopathists (in modern times most injurious), and I regret to say, that when they have attained a considerable height, it would seem as if no remedy could be discovered or devised for their cure."* Nevertheless, he claims that in homœopathic treatment, in spite of the "powerful high dilutions" made use of in chronic cases, the disappearance of the medi-

nal disease "soon takes place." Hahnemann makes this assertion without the slightest effort to give a reason for it; he just puts it in brackets: "[which soon takes place]." How, now, are we to account for the phenomenon, that the medicinal disease which by its greater strength overcame the natural one, while having been produced itself through the medium of remedies whose very energy was due to their subtlety, disappeared of itself, and altogether different from the allopathic, almost incurable medicinal disease, without any difficulty, just only, so to say, by being put in brackets? There is no explanation of it given in the works of Hahnemann, or of his disciples, and most of these do not follow him upon that track, but try to detect plainer roads of doctrinary therapeutics; without succeeding, however, so as to satisfy their desire of realizing an originality which would compel the reader to submit to the universality of *similia similibus curantur*. We may go through all the different, sometimes exceedingly abstruse doctrines of homœopathic authors, and nowhere detect the least divergence from the point of agreement with Allopathy which Hahnemann himself by his dynamical theory established. Whether we assume with Rau and Schmid, polaric influences of the pathological conditions in relation to the remedies; with Attomyr, an analogy of human disease and morbid botanic principles; whether with Eschmayer of Tübingen, the alternative of the vital principle producing in its reaction against the morbid principle its symptoms, or, perhaps, inversely, these morbid principles, interfering with the action of the vital force; whether with Dr. Schrön, comprehending disease as a joint product of the noxious agent and the reacting vitality, or with similar ideas of other writers like Windenmann, Gerstel, Schneider, Trinks, Hirschel, Currie, a synopsis of which the reader will find in the course of lectures of Dudgeon, yet, by each and every one of all these theories, we are led back to the dynamic theory, in favor of which another homœopathic author, Koch, explicitly pronounces by calling disease a dynamico-material operation which cannot be met but by dynamical therapeutics.

* *Organon*, p. 139.

A Case of Mercurial Poisoning.

BY

H. L. HENDERSON, M. D.,
PLATTSBURG, MO.

I am not much in favor of berating an old school physician through the columns of a medical journal, or of condemning his plan of treatment and the drug he uses to accomplish his aim, for I do not think any one is benefitted by such a course. Consequently, in the present case, I shall refer to the antiquated treatment only for the purpose of showing the condition in which I found my patient, and giving my readers some idea of the enormity of the suffering which the poor fellow must have endured.

The family of the subject of this report are proverbial for their fine, robust forms and almost herculean strength, enjoying perfect immunity from chronic diseases of any class. The patient in question, at the age of twenty-three, would tip the beam at one hundred and ninety pounds, with not an ounce of superfluous adipose tissue. He was a farmer by occupation, and would readily be taken as a perfect type of health.

About this time he was attacked with a chill, which soon ran into a continued fever. When the fever came on, he called in Dr. A., an old school physician, who believes that calomel and jalap with a little Dover's powder are the true trinity. These remedies were used for three, long, weary months, and still, strange to say, the patient and the fever both still lived, the latter seeming to really thrive. The patient at this time was fearfully salivated, and concluded to change his physician. Accordingly Dr. B., was called in, an old physician of a very æsthetic turn of mind, having, Madam Rumor said, sat under the teaching of some famous European college. This wise M. D. came to the bedside of the suffering man, and very sedately prescribed Hydrarg., chlor mit, et cetera ad infinitum, for the space of two more long months, when the family concluded to try another change, and called upon my neighbor Dr. L., a progressive physician, who skillfully managed the case and kept the grim destroyer at bay. I was called in consultation; and, from the condition in which I found the patient, I

conceive that every breath he drew must have been an almost unbearable burden. I am sure that my eyes never beheld such a complete wreck of humanity. He was greatly emaciated; his limbs were skin and bone, with mere shreds where were once powerful muscles. The skin was of a saffron hue. Salivation still existed, and there was emitted an almost unbearable stench. The nerves were all more or less neuralgic, the climax of which was an intense sciatica, which had caused permanent contraction of what was left of the flexor muscles of the thighs. A hemorrhagic diathesis also existed, which often culminated in a profuse flow from the nose.

I will not detail the treatment we agreed upon, as the object of this report is to show how long it is possible for a man to live when afflicted with the worst form of mercurial poisoning. Words cannot accurately portray the condition of this poor victim of irrational methods of treatment, and I think that one look at this sufferer, while in the condition when I first saw him, would have been sufficient to make any man who had not a heart of stone mentally vow that he would never resort to any of the antiphlogistic line of medicines. Under the treatment we adopted, he rapidly gained strength and flesh; the sciatica gradually subsided, the contracted muscles are slightly extended, and the patient now thinks he has a new lease of life. He is able to hobble about the house and yard, and takes a daily carriage ride. From the present appearances, I think that his ultimate complete recovery is only a question of time.

Nicotiana Tabacum.

BY

W. H. BLAKE, M. D.,
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The tobacco plant contains a large amount of salts, consisting of sulphates, nitrates, chlorides, phosphates, and malates of potassium, calcium, ammonium, and nicotia; also albumen, resin, extractive, gum, citric acid, nicotianin, and nicotina. It yields from 14 to 20 per cent. of ash.

Plants confined in rooms where the fermentation of tobacco is conducted during the manufacture of snuff, soon

lose their foliage. Nearly all insects avoid it; and although most herbivorous animals are not readily affected by it, yet large doses taken internally are fatal to them. If its fumes are taken into the lungs of animals, or if its decoction is applied to their skin, its poisonous effects are soon manifest. It affects the circulation in horses, and causes their pulse to be less frequent for several hours. It causes, in dogs, faintness, trembling, and vomiting; and proves fatal by first reducing and finally arresting the heart's action.

The effects of an excessive dose of tobacco in man are, a rapid, followed by a slow pulse, hiccough, cold skin, clammy perspiration, vertigo, profuse diuresis, vomiting, sometimes purging, obscurity of vision, spasmodic muscular contractions without loss of consciousness, numbness, drowsiness, sometimes a cataleptic or a hysterical condition, and impaired motor power of limbs and tongue; paralysis and coma precede death.

Many cases of fatal poisoning have occurred from the swallowing of tobacco, some from its use in enemas, and others from its application to eruptions on the skin; the fatal dose varying from fifteen grains to an ounce or more.

Nicotia is poisonous to all animals. It does not irritate the skin or mucous membranes, but in small doses it quickens, and in large doses it checks respiration; at the same time it causes spasm of the laryngeal and bronchial muscles, in consequence of which a hissing sound attends the breathing. It also retards and decreases the pulse. In frogs and snakes it causes tetanic contractions. In warm-blooded animals it excites muscular contractions, followed by general relaxation and trembling, and noter paralysis affecting chiefly the hinder legs. The pupil is at first dilated, but it may afterward contract. Abundant salivation and diuresis sometimes occur. Non-lethal doses often cause vomiting and purging. After death the vessels of the lungs and brain are empty; the heart is overloaded with blood, and upon the stomach round, dark red, velvet-like patches appear.

In man, the most minute doses cause a burning sensation in the tongue, a hot, acrid feeling in the fauces, a sense of rawness throughout the oesophagus, and

abundant salivation. Small doses cause a sense of heat in the stomach, chest, head, and even in the fingers; also some nervous excitement. Larger doses cause heaviness, giddiness, torpor, sleepiness, indistinct vision, photophobia, dryness of the throat, labored and oppressed breathing, and dullness of hearing. After a time the pulse rate falls, the face becomes pallid, the head droops, and the extremities become cold. There is great loss of motor-power, and faintness ending in loss of consciousness. The excitement of the ganglionic system is manifested by eructations, nausea, vomiting, distended abdomen, and copious discharges from the bladder and bowels; those of the latter being chiefly of wind.

The real corpuscles of the blood of a person under the influence of nicotia are much disaggregated, and their edges become jagged or crenated; but, as the poison is eliminated, they gradually regain their normal condition.

Death usually occurs, most probably, from failure of respiration due to nervous exhaustion consequent upon the exclusion of blood from the respiratory centres.

When tobacco is used to excess in smoking, snuffing, or chewing, its evil effects vary according to age, temperament, and the circumstances affecting the life of the individual. It may lessen the appetite, impair digestion, and perhaps induce constipation. It irritates the mouth and throat, causes continuous congestion of the mucous membranes thereof, and impairs the quality of the voice; it often promotes the establishment of catarrhal affections of the larynx, trachea, and bronchus, and sometimes induces a condition by reason of which trivial local injuries may be the occasion of a change in cell structure, and morbid growths, as cancer, may result. It induces an habitual sense of uneasiness, nervousness, and mental irritability, hypochondriasis, neuralgia, and frequent urination; buzzing and ringing in the ears, and sometimes deafness; impairment of vision, amaurosis, vertigo, restless sleep, loss of muscular power, impairment of co-ordination, and excessive muscular tremblings. It restricts the circulation, prevents growth and the deposition of fat, prevents the development of the brain, arrests the development of the testicles,

and induces premature old age. It limits the cerebral circulation, and prevents the maintenance of cerebral structure; causing loss of function, loss of memory and inability for normal mental effort; it renders the heart irritable, induces cardiac spasm, cramps of the heart, and intermittent pulse. Chewing and snuffing cause gastralgia; smoking more particularly affects the brain, causing neuralgia of the fifth pair. The infusion, or the saliva, when swallowed, causes a feeble pulse, fluttering heart, faintness, etc.

Of all the narcotics indulged in, tobacco is in use over the largest area and by the greatest number of people; it is said to be more extensively used than any other plant the earth affords; and next to salt is supposed by some to be the article most extensively used by man; tea, woman's substitute, alone competes with it. More than one thousand million pounds are required for the annual supply.

The effects resulting from the habitual smoking, chewing, or snuffing of tobacco depend upon the constitution, temperament, and physical condition of the person using it. Those in whom spinal energy is much the greatest, whose veins and arteries are of large calibre, whose blood current is full and rather sluggish, whose tendency is to accumulate fat, who have what is sometimes termed the nutritive temperament, whose mental processes are rather slow, may use tobacco very freely without apparent harm; but, on the contrary, in some respects, with decided benefit; while those in whom ganglionic energy is excessive, whose bones are small, whose blood-vessels are of comparatively small calibre, whose blood-current is small and rapid, who are thin-skinned and spare of flesh, and whose tendencies are to pulmonary diseases, will be seriously affected by a far less amount. In the former class the tendency to obesity is restrained and there is less liability to fatty accumulations about the vital organs; the cerebral circulation is accelerated, the brain becomes more active, the comprehension of ideas is enhanced, the ability for concentrated thought and profound study is increased, and, quoting from Johnston's "Chemistry of Common Life," we may say with him, "to this the study of al-

most every German writer can testify. With the constant pipe diffusing its beloved aroma around him, the German Philosopher works out the profoundest of his results of thought. He thinks and dreams, and dreams and thinks alternately; but while his body is soothed and stilled, his mind is ever awake. From what such men say, we might fancy that they had in the practice discovered a way of liberating the mind from the trammels of the body, and of thus giving it freer range and more undisturbed liberty of action." But with opposite temperaments, very different results will occur. Increased arterial energy when the circulation is sluggish enhances functional activities; but when the circulation is already too rapid, increased energy causes excessive arterial contraction, diminishes the already too small calibre of the arteries, tends to muscular rigidity of the arteries, to arterial spasm, still further reduces the volume of the blood-current, and still further limits the amount of blood flowing through the smaller vessels; therefore it reduces the amount of material for cell growth, and the result is not only a gradual diminution of the general weight because of the gradual impoverishment of tissue, but a corresponding loss of functional power, both mental and physical.

Impairing spinal energy, tobacco causes defective muscular co-ordination and muscular trembling. Increasing ganglionic energy and reducing spinal energy, tobacco increases the contractile but diminishes the dilator power of the heart; thus lessening the interval between its contractions and rendering them more frequent, causing palpitations, and, as the contractor muscles gradually grow stronger and the dilator muscles weaker, there is a tendency to prolonged or tonic contractions. The contractor muscles do not promptly relax after expelling the blood from the ventricles; the intervals between their contractions are unequally prolonged, the rhythm is lost. There may be a few contractions in rapid succession, then an interval equal to one and a half, two, or even two and a half beats, caused by prolonged contraction; and thus the heart for a minute or two may miss one beat in three, in four, in five, or in seven, then be quite regular for twelve to

twenty beats, and miss again, even for several times successively, each alternate beat; and any mental excitement, unpleasant or surprising in character, greatly aggravates the case. A smothered feeling, a sense of weakness, and more or less of apprehension attends the action of the organ, which, when in this condition, is termed the "tobacco heart." All these, and also other evil effects, are liable to occur to those of certain temperaments who indulge in the excessive use of tobacco; and all persons who so use it are liable to be more or less ill affected by it, particularly the young who have not attained their full growth. To them the excessive use of tobacco signifies not only all the ills above enumerated, but impaired or arrested development, physical or mental, and more or less general and complete, together with a derangement of the nervous system fraught with ills innumerable.

The practice of smoking, when moderately indulged in, increases the secretion of saliva, accelerates the circulation, abates cerebral hyperæmia, and induces that soothed and tranquil condition of mind which has caused it to be admired and adopted by all classes of society, and by all nations, civilized and barbarous, and the effects of chewing and snuffing are similar.

Both army and navy statistics, as well as all records of hard service, show that large bodies of men, when allowed tobacco, are more patient under hardships, and consequently more enduring; less irritable, and consequently more reliable, more reasonable and better subject to discipline, and also capable of greater effort on less food, than when deprived of it; for, allaying nervous irritability, it prevents the waste of tissue which results from it, and is therefore in some degree and manner equivalent to a tonic or nutrient in its effect.

Concerning the physiological effect of tobacco upon the bulk of mankind, when used with moderation, it may be stated, generally speaking, that its first and chief effect is to tranquilize and soothe the system—to abate both mental and physical irritabilities, and thereby to prevent the consequences resulting from them; and in this connection Johnston says: "If it be possible, amid the teasing paltry cares, as well as the more poignant griefs of life, to find a mere material

soother and tranquilizer, productive of no evil after effects, and accessible alike to all, to the dissolute and the outcast equally with him who is rich in a happy home, and the felicity of sympathizing friends, who so heartless as to wonder or regret that millions of the world-chafed should flee to it for solace?"

One of the poets said:

"Tobacco is an Indian weed,
And from the devil came the seed."

If he said truly, there is many a creature on earth who (if she only had sense enough to realize the fact) has reason to thank her guardian angel for having sent into the world the seed of a plant which enables her husband to bear and forbear with a lazy, shiftless, sluttish, good-for-nothing wife; a weed which enables him philosophically to blunt his sensibility to shame and disappointment, and affords him that solace which prevents her having a drunken husband. Many a woman, too, whose husband, half-crazed by accumulating misfortunes, sees the fruits of years of labor swept from him in a day, may thank the devil, or heaven rather, for the "filthy weed" which soothes his frenzy, gives him opportunity for calm reflection, and saves him perhaps from suicide.

A secondary effect of tobacco, when used in moderation, is to give steadiness and energy to the powers of thought; not that it enhances or exalts intellectual power itself, but that accelerating the circulation and abating cerebral hyperæmia, it allays mental irritability, and induces a condition in which calm, concentrated and undisturbed mental effort becomes possible. It is, as Dr. Ainslie says in his work on Stimulants and Narcotics, "the apparent exaltation of certain faculties, should be ascribed rather to the removal of controlling influences than to positive stimulation of the faculties themselves, or of the physical machinery by which they work." Thus tobacco, by excluding from the brain that excess of blood which suppresses functional activities, permits of their resumption with so much greater energy, that it appears to have had the effect of an exhilarant.

Mental excitement, augmented by the vexations of life, tends to cause cerebral hyperæmia, with attendant mental irritability, inability to concentrate mental effort in one direction, to solve abstruse

problems, to develop ideas, and to work out conceptions. Tobacco, by its influence upon the cerebral vessels, restricts the encephalic blood-supply, and accelerates the movement of the blood-current; therefore, when the cerebral circulation is sluggish, it enhances cerebral activities, favors co-ordination of thought, and at the same time abates that irritability which prevents deliberation, and has vent in explosive expletives and perhaps violent actions; and, the more active the normal state, and the more keen the natural susceptibilities, the more liable to derangement from such causes, the more liable to eccentricity or excess. Hence it is that writers, artists, actors, and professional men generally, as well as the care-laden masses, have recourse to this plant, which of itself so often proves a sufficient comfort and luxury to many who, without it, would resort to intoxicating beverages.

It is alleged that, inasmuch as tobacco causes thirst, it leads almost necessarily to excess in drinking, therefore to intoxication. But tobacco does not provoke unusual thirst in all who use it; and thirst is allayed equally well if not better, by other than alcoholic drinks. Such is therefore not a sufficient reason for the use of alcoholic liquors by many of those who use tobacco. There are two other and better reasons. One is, that there are many persons who crave excitement, and who incline to excesses in all directions; tobacco gratifies them in one, and alcohol in another, and they will use either, or both, as their accessibility may permit. The other is a physiological reason. Tobacco, *in excess*, tends to restrict the circulation, to reduce the normal blood-supply of the brain and spinal cord by increasing arterial tension; alcohol has the opposite effect, and tends to oppose it. It is therefore a natural instinct which seeks in alcoholic liquors a remedy for the abnormal condition, the which enables the man to use much more of each in combination than he could of either without the other. Alcohol, however, is not the only and all-essential remedy; whatever will depress ganglionic energy will suffice. We know a man who may be called a temperance fanatic, who has written much, and spent the last few years lecturing against the use of intoxicating liquors, and would scarcely

taste a drop of alcohol to save his life, but who is a most intemperate and inveterate user of tobacco, and finds his antidote in opium, to which he is now almost an equal slave.

It is further alleged against the use of tobacco, that it is a filthy and disgusting habit. But many people chew tobacco, and few even of their intimate friends are aware of it; and there are smokers who are able to avoid scattering their tobacco and its ashes all over the house, even as there are women who can occasionally take a pinch of snuff without putting much into the victuals. The filthiness pertaining to the habit is inherent to the individual, not to the tobacco.

The excessive use of tobacco, *i. e.*, its abuse, is, as has already been shown, exceedingly injurious; so is that of everything else. And the fact that some, even many, people have injured themselves with it is no more of an argument against it, than against good food with which so many men, and women, too, have ruined their digestive power, made themselves dyspeptic, and brought on diseases which ended in death, and the minister said it was a dispensation of divine Providence, and nobody said it was suicide by gluttony.

The bitterest opponents of most things are usually those who know but little about them, and who are influenced by prejudice rather than by knowledge and reason. It is with tobacco as with all things else; the benefits to be derived from it depend upon its use; the evils upon its abuse.

Medicinally, tobacco is emetic, diuretic, expectorant, discutient, anti-spasmodic, anti-convulsive, errhine, and sialagogue. It is seldom used internally except in cases where from extreme insensibility of the stomach or other cause other emetics will not operate; even then great caution is requisite lest it have a too lasting effect upon the nervous system. The quantity used for an injection should never at first exceed twenty grains, but it may perhaps afterwards be increased if necessary; and if the injection does not come away in five minutes, a large quantity of warm water should be thrown after it. Thirty grains of the leaves in infusion has been known to prove fatal.

Uses.—Tobacco smoking, and also

chewing, is often advised for the purpose of restraining a tendency to obesity common to those of lymphatic temperaments. Excessive smoking by those of opposite temperament causes emaciation. Tobacco smoking is beneficial for some cases of indigestion; and is also resorted to for relief from congestive asthma; and when so used for this purpose by those not habituated to its use it often affords a remarkable degree of relief: in other cases it utterly fails: and, when beneficial, its influence is not considered so lasting as that of stramonium. For hay asthma, the patient who never smokes except for his malady often finds that smoking to the inducement of nausea, affords him more relief than almost any other remedy.

Tobacco smoke is inhaled to palliate nervous cough, and spasmodic laryngitis. The smoke has also been swallowed for obstinate hic-cough; and dislocations of the lower jaw and various joints are said to have been reduced while the patient was relaxed by tobacco fumes, which have also been applied with advantage for gout and rheumatism.

An infusion of tobacco smoke, "smoke tea," has been given by the mouth to excite vomiting when other means have failed; and, injected into the rectum, it has been beneficial for strangulated hernia, obstinate constipation from spasm of the bowels, retention of urine from spasmodic urethral stricture, convulsions, worms, inflammation of the peritoneum, and flatus—the leaf also, has been used as a suppository, for the same purposes.

Snuffing has been successfully resorted to for the cure of nasal polypi, for the relief of chronic ophthalmia, and of catarrh of the frontal sinus, and in tropical countries for destroying the worms which sometimes breed in the antrum highmorium and the adjacent parts.

A cataplasm of the leaves, or an unguent of Scotch (yellow) snuff and lard, is a popular remedy for croup and spasm of the rima glottidis.

The inspissated juice has been successfully applied for facial neuralgia.

The fresh leaves, bruised, have been found palliative for urticaria, gout, and rheumatism; the cured leaves, moistened, are applied to restrain hemorrhages from leech bites and other small wounds, and constitute a most excellent applica-

tion for painful hemorrhoids; when so applied they often afford great relief from the pains of gout, rheumatic or simple, and of painful nodes and sprains; it should be covered with oiled silk or thin gutta percha.

An infusion of twenty grains of the leaves in eight ounces of water has been successfully used by injection, to oppose the influence of strychnia, also for hernia, and for intussusception; many cases are recorded for which it was successfully given by mouth or by rectum, for tetanus; it proving more efficient for the idiopathic than for the traumatic variety. The topical application has lately been recommended for traumatic tetanus, a strong infusion has been applied to the wound and surrounding parts, they having previously been blistered: for idiopathic tetanus it is applied to a blistered surface over the spine; and a number of cases are recorded which recovered when it was so used. The infusion has also been used by injection per ani in the latter stages of parturition, to cause relaxation of the perineum.

Tobacco is a powerful ganglionic and glandular excitant which causes spinal motor paralysis, probably by depriving the cerebro-spinal axis of its blood supply. As before stated, it is a remedy which must be used with great caution; both temperament and condition must be carefully considered, and its effect closely watched lest the energies of the patient becomes so deranged or prostrated that evil consequences result—it is not a remedy for common use, but should in most cases be regarded as a last resort; it should be administered by the physician, and the patient should be watched by him until recovered from its influence.

Diseases of the Respiratory Organs.

BY

I. J. M. Goss, M. D.

MARIETTA, GA.

Catarrh—Coryza, or Influenza.—Coryza, or Catarrh, is of very common occurrence, and often the precursor of very fatal affections. It is an inflammation of the mucous membrane lining the air-passages. When it first appears, it usually attacks the mucous membrane of the nose, and is then called Coryza;

it very generally attacks, also, the mucous membrane of the trachea, and, finally, the mucous lining of the bronchial tubes; it is then called bronchial catarrh, or bronchitis, if acute, and attended with fever. In children, where it attacks the bronchial tubes generally, it constitutes bronchitis, which will be separately discussed.

Symptoms of Catarrh.—Catarrh usually commences with lassitude, shivering, aching of the head and limbs, sneezing, watery eyes, and obstruction of one or both nostrils, with a discharge of thin, colorless fluid; and, if it be a severe cold, very soon it is followed by a cough, dry at first, but soon attended with free expectoration. In some cases the vocal organs are involved, and the patient is hoarse, with more or less soreness of the throat, and dryness and soreness of the nostrils, and more or less fever. If not properly treated, the disease may terminate in Bronchitis, Pneumonia, Quinsy, or even in Consumption, where there is a constitutional tendency to that dreaded disease of the lungs.

Causes.—What is called catarrh, or cold, may be produced by exposure to cold air, wet clothing, or getting the feet wet, or retaining wet clothing; suddenly cooling off the body after overheating it; or sitting in an open window in cool weather, especially where the patient is perspiring very freely. When the body is heated, the system is relaxed, the skin open, and if the heat be excessive, and, of course, relaxation very great, exhaustion prevents reaction; hence, the application of sudden cold air increases the depression. Exposure of parts of the body to a cold atmosphere, as in the window of a close carriage, or railroad car, is more apt to produce cold than exposure of the whole body. Damp-beds, prolonged bathing, passing quickly from highly heated rooms to cold ones, or into cold air, will produce catarrh, especially in those who are of feeble constitution, or those who are exhausted.

Treatment.—In the forming stage, one drop of tincture of aconite every one or two hours, according to the severity of the symptoms, alternated with two to three drops of the saturated tincture of Camphor, if there are alternate chills and flashes of heat. If these remedies fail to abort the cold, and there are stitching

pains in the chest, with hard cough, and soreness of the chest, then the aconite should be alternated with one or two drops of Bryonia Alba every one or two hours, until these symptoms are subdued. In cases where there is a free watery discharge from the nose, soreness in the chest and throat, cough and hoarseness, and watery eyes, then twenty drops of the saturated tincture of Gelsemium should be given, every three hours, alternated with one to two drops of Belladonna (tincture) every four hours, until these symptoms are relieved, then discontinued for other appropriate remedies, as indicated. If the disease progress in spite of these remedies, and there is impaired taste, or smell, thick, foetid discharge from the nose, heaviness in the head, sharp pains in the side of the head and ears, changing from place to place, then three to five drops of Pulsatilla, every three hours, will do good service. And, if the eyes are involved in the catarrhal inflammation, and are discharging profusely, then Euphrasia, in doses of three to five drops every hour, will be of material service in the final cure. If this disease passes into a chronic catarrh, and there is a tough, stringy sputa, inflamed or ulcerated throat, with indigestion and a yellow coat on the tongue, then small doses of Bichromate of Potash, say $\frac{1}{2}$ to $\frac{1}{4}$ grain three or four times a day, will have a good effect. If damp weather affect the patient, then a few drops of Dulcamara (Bitter Sweet) three or four times a day, alternated with ten or fifteen drops of a saturated tincture of Rumex Crispus. If the cough is very frequent and annoying, then $\frac{1}{2}$ ounce of Syrup of Ipecacuanha, $\frac{1}{4}$ ounce of tincture of Lippia Mexicana (made by Parke, Davis & Co.), in doses of thirty to sixty drops every two or three hours, which may be taken in the syrup of wild cherry bark to conceal the taste. For cases where the expectoration is not free, the syrup of Sanguinaria is a valuable remedy, in doses of twenty to thirty drops every hour, alternated with the above mixture of Lippia Mexicana.

HAY ASTHMA, OR SUMMER CATARRH.

Hay Fever.—This is a form of catarrhal inflammation of the air tubes and nares which is caused by a specific poison in the atmosphere at certain times in the

summer. Some persons are predisposed to it, as is the case with myself. It is certainly caused (as has been stated by some medical writers) by emanations from certain flowering plants, and the drying grasses and clover. I produced it upon myself in a few minutes by opening up my clover in my barn, so as to prevent it from moulding in damp weather. I came out of the barn sneezing, with my eyes watering, and my nose running, and very soon I had the usual fever that always attends it with me. This I aborted by inhaling iodine, phenic acid, and ether, frequently. I have noticed that myself and family have frequently suffered with this disease whenever the rag-weeds were suffered to grow upon the adjoining lot to my own. The bloom of the rag-weed, and some other weeds, and perhaps trees, while flowering, produce this disease. The symptoms are those of ordinary catarrhal inflammation of the respiratory mucous membrane. It is an inflammation very similar to ordinary catarrh of the winter, but caused directly by a local irritant to the air passages.

Treatment of Hay Fever.—The treatment should first be instituted to abort the disease, which is to use such antiseptics as have been known to abort the disease by antidoting the poison. The use of iodide of arsenic, in doses 1-60 of a gr., has served me in some cases. But the inhalation of the phenate of iodine, from a good atomizer, is a very certain antidote, if used early enough. If that fail, then an inhalation of Bichromate of Potash, say one grain to two ounces of water, should be tried, and one grain should be dissolved in one ounce of water, and three to five drops of that taken every two hours, until the disease is subdued. I have aborted this disease on myself, by inhaling five drops of the tincture of *sabadilla veratrum*, in one ounce of alcohol, and taking one drop of the second dec. dilution every three hours (this article is highly toxic, and must be taken in very small doses), until the disease is subdued. In some cases, the tincture of *ipecauanha* and *euphrasia* produces a good effect in this disease after it is fully seated. Persons subject to this disease, may often abort it by carrying a vial of the following mixture, and using it as soon as they

are attacked: $\mathcal{R}$ Carbolic acid, 3 ij; Aqua Am. 3 iij; Alcohol 3 v; Aqua dea. 3 ij. M. Inhale frequently.

A Case in Practice.

BY

F. FEAR, M. D.,

WAVERLY, KANSAS.

Miss F. B., of Anderson County, Kansas, set 23 years, visited Ohio in the fall of 1883, and was taken sick about the 1st of January following. A physician was called in and treated the case as one of ovarian neuralgia, without success. At the expiration of nine weeks' treatment, the patient not having been benefited by the advice of the attending physician, Miss B. was removed to Dr. R—'s hospital, in Cincinnati, where similar treatment was continued for six weeks longer. She then returned home, and the case was placed in my charge.

I found her suffering from excruciating pains in the region of the uterus, lasting from one to four hours daily, and frequently recurring at night with great severity. A dark brown, thin, watery, and very offensive discharge constantly present, with marked symptoms of corroding ulcer of the uterus. With the aid of the speculum, I discovered ulceration of the os, and on careful examination with a uterine dilator, found that the cervix was involved and even the lower portion of the fundus.

I commenced treatment by applying sulphate of zinc to the ulcerated parts, continuing the cauterization occasionally until the ulcers had entirely disappeared. For the leucorrhoeal discharge I used tincture ferri chlor. dil. The patient being of a scrofulous diathesis, I prescribed tinc. *stilligia* three times daily. To control the severe irritation of the urethra that obtained, I gave *aconite* and *gelsemium* combined.

She was under treatment at my residence for seven months, and returned to her home in December last, completely restored to health. The ulcerated parts were entirely healed; in proportion as the ulceration disappeared, the pains became less severe and recurred less frequently.

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EDITORIAL.

Occasionally a whole community is shocked by the report of a death due to a druggist's mistake in compounding a prescription. The recent fatal blunder of a Hoboken druggist who carelessly put up powders containing morphine instead of the quinine called for in the prescription, thus causing the death of two young ladies, is a particularly aggravating case in point, and has suggested to many of our contemporaries the need of devising a plan whereby similar accidents would be rendered impossible in future.

The precautions already taken in this direction by most responsible pharmacists are, probably, as complete as any that could be adopted, and would, doubtless, afford sufficient protection, were it not for the fact that such accidents are always due to pure carelessness, against which evil it is not possi-

ble to erect a perfect safeguard. In the case above referred to, the druggist who prepared the fatal powders is a graduate in pharmacy, has had many years of experience, and had earned the reputation of being skillful and painstaking in his business; but, in a moment of abstraction, he committed a blunder that resulted in the loss of two valuable lives. No method that we have seen proposed thus far, would have prevented this particular accident, nor the many similar ones that have been reported from time to time.

The one plan that would prove effectual in this regard, is for physicians to dispense their own remedies, as many are now doing. Not only would this prevent "druggists' mistakes," but it would be a check on the practice sometimes indulged in by unprincipled apothecaries, of substituting other drugs for those called for in the formula. It would also do away with the errors sometimes to be found in hurriedly-written prescriptions, which, if filled as ordered, would have a disastrous result instead of the beneficial effect intended by the prescriber. And not only would this plan be a protection to the patient, but it would prove an immense advantage to the physician, in many ways, as we have before indicated in the columns of the ADVOCATE. [See May, 1884, issue of ADVOCATE, p. 149.]

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In view of the intolerance and bigotry that have generally characterized the allopathic school of medicine, it is refreshing to find the following in an old-school journal, the *Medical World*. Speaking of the trouble between the old and new coders anent the International Medical Congress, it says:

"No code exists in the profession in other countries; hence, no sects nor divisions. We admire the code of the American Medical Association as a rhetorical effort; it is elegantly written, and contains much good advice and

wholesome sentiments; it is worthy of preservation as a fine piece of ethical literature, but we object to it, or any other composition, being made an ethical law. Our reasons are simply: first, no such law is needed; and second, it not only does no good, but causes dissension and division, as it has so abundantly done in this country. As we have said once or twice before, the only code that governs is the code that every man carries in his own breast; and this we believe to be, in most instances, better than any code that can be written. We hope to see the time when the profession of this country will abolish all codes and stop all code controversies, and harmoniously give its undivided attention to medical science."

The code of ethics of the American Medical Association has done more to keep alive the ill feeling between the various schools than could any honest differences of opinion as regards the theories of medicine. The code is doomed; its continued existence can only result in the disintegration of the Association it affects to govern.

* * *

In an article in the August number of the *North American Review*, by Dr. John C. Peters, entitled "Can Cholera be Averted?" we notice the following statement, which should not be allowed to pass uncorrected:

"One pound of corrosive sublimate in five hundred pounds of water is the best germicide. This may even be drank with impunity by the wine or claret glassful or more, and will kill all the germs in the system of the patient."

The maximum dose of corrosive sublimate is one-eighth of a grain; the quantity according to the formula given above, would, of course, be sufficient to cause death—not only of the "germs," but of the patient as well. Should the cholera visit this country, we will be apt to hear of a number of cases of mercurial poisoning; the more so as Dr. Peters is considered an authority on the subject, the *Review* has a wide circula-

tion, and some ignoramuses like to fool with medicine.

* * *

We cheerfully call attention to the announcement (published elsewhere in this issue) of the organization of the Mutual Aid Society of the National Eclectic Medical Association. This is a grand project, and should receive the substantial recognition and support of Eclectics throughout the United States. The Society is to go into full operation when one hundred names shall have been subscribed. We are informed that the list is rapidly approaching the requisite number, and that the success of the project is assured. Further particulars will be given hereafter.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Dr. Frazer asks, in your last issue, for treatment of chronic enlargement of tonsils in children other than by excision. In a Dispensary practice extending over three years, I have had many such cases under treatment, and have cured a number of them with baryta carbonica, a low attenuation, usually the third potency. The cases cured, however, were caused by repeated inflammatory attacks, and were not of long standing. Where enlargement is due to a simple hypertrophy, excision is the only remedy.

HOMCEOPATHIST.

EDITOR ADVOCATE:—Will some one of the readers of your valuable journal give the formula of "Hooper's Female Pills?" It is well known by many females as an emmenagogue, and is popularly supposed to be capable of producing abortion.

A. F.

Ans:—We publish the formula in its proper department in this issue. These pills have gained a notoriety not warranted by results. Like most of that class of preparations, while having a doubtful value as an emmenagogue, it seldom has effect as an abortive.

EDITOR ADVOCATE:—Will some of your subscribers map out a course of treatment for impotence in a man thirty-five years of age, who has been addicted to masturbation, and has become almost a physical wreck. I am not a M D., but read your journal regularly. I am much interested in the study of medicine, and expect to make it my profession.

STUDENT.

NEW YORK CITY.

Ans:—A person in the condition you describe should place himself in the hands of a good physician. Any attempt at a general treatment carried on by the patient himself, can only result in positive harm.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

SQUIBB'S CHOLERA MIXTURE.

℞. Tincture of opium,
Tincture of camphor,
Tincture of capsicum, - aa ʒj.
Chloroform, - - - ʒij.
Alcohol, - - - ʒij.

M. Dose, one teaspoonful after each operation, in water.

HOOPER'S FEMALE PILL.

℞. Sulphate of iron, - - - oz. 8.
Water, - - - - - oz. 8.
Dissolve and add—
Barbadoes aloes, - - - oz. 40.
Canella, - - - - - oz. 6.
Myrrh, - - - - - oz. 2.
Opoponax, - - - - - oz. 1½.

This makes a mass. Divide 60 grains into 18 pills. According to a recent analysis the iron is in a peroxidized state; probably the sulphate is partially calcined.

FOR FETID PERSPIRATION.

℞. Potas. permang., - - - gr. xv.
Thymol, - - - - - gr. xxx.
Aque dest., - - - - ʒxxx.
M. To be used as a local application.

WINE OF COCA.

As quite a demand has been created by foreign and domestic manufacturers for a wine of coca, I take pleasure in of-

fering a formula that is the result of long experimenting, and that gives as good satisfaction as any I have used. The cost depends upon the quality of wine used; but in any case it is cheaper than that furnished by the different manufacturers. Take of—

Fluid extract coca, - 1 ounce.
Magnesium carbonate, - 1 dram.

M. and add—

Elixir simp.,
Spt. vini rect., - - - aa 1 ounce.
Wine, - - - - - ad 16 ounces.

Filter.

Port or sherry wine may be used, as desired. I have found a mixture of both to answer a good purpose in many cases. It is of the greatest importance that a good fluid extract be obtained, and my experience teaches me that the safest way is to secure first-class leaves, which are somewhat difficult to obtain, and prepare my own extract.—*Ind. Pharm.* [Parke, Davis & Co., Detroit, Mich., make a fluid extract of Erythroxylon coca, which is in every way reliable.—ED. ADVOCATE.]

HUNYADI JANOS WATER.

℞. sulphate of lime, - - - oz. 1½.
Glauber salts, - - - - - oz. 24.
Epsom salts, - - - - - oz. 26.
Water, - - - - - gal. 10.
Sulphate of potassa, - - - dr. 1.
Mix, and charge with gas.

—*Kilner's Formulary.*

GOLDEN EYE-WATER.

℞. Sulphate of hydrastia, - - - gr. ij.
Distilled water, - - - - ʒj.

Make solution. This is an excellent wash for inflamed and granulated lids.

"SOZODONT."

℞. White castile soap, - - - 1½ oz.
Glycerine, - - - - - 4 oz.
Cologne spirit, - - - - 6 oz.
Oil peppermint, - - - - 20 m.
Oil wintergreen, - - - - 30 m.
Oil cloves, - - - - - 10 m.
Ext. vanilla, - - - - - ½ oz.

Cut the soap into fine shavings, dissolve in hot water, and add the glycerine. Dissolve the oils in the cologne spirit, add the extract of vanilla, mix the solutions, and after it stands twenty-four hours, filter.—*Fenner's Formulary.*

FOR ASTHMA.

$\mathcal{R}$. Stramonii fol.,	-	-	-	ij.
Potassii nitrat.,	-	-	-	3 iss.
Grindeliæ robustæ,				
Jaborandi,	-	-	-	aa 3 j.
Eucalypti,				
Digitalis,				
Cubebæ,	-	-	-	aa 3 ss.
Cascarillæ,	-	-	-	3 j.

Mix when perfectly dry, and burn from a dram to two drams, inhaling the fumes.

OUR PORTRAIT GALLERY.

Portraits of the following physicians appeared in the Advocate for

MARCH :

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Redes Buchanan.
- III. Dr. Charles E. Taylor.

APRIL :

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch

MAY :

- VI. Dr. I. J. M. Goss.
- VII. M. Louis Pasteur

JUNE :

- VIII. Dr. Richard E. Kunzé.
- IX. Dr. Wooster Beach.

JULY :

- X. Dr. William Bell.

AUGUST :

- XI. Dr. L. E. Russel.

XII.

Anson L. Clark, M. D.

Dr. Clark was born in Clarksburg, Mass., October 12th, 1836. He removed with his parents to Illinois in 1841, and spent several years on a farm. Being studiously inclined, he applied himself closely to his books, and had become so far advanced with his studies at the age of seventeen, that he commenced teaching school in order to get the wherewithal to complete his education. Having suddenly developed a taste for the study of medicine, he was, after a preparatory course of instruction, admitted to the Eclectic Medical Institute, of Cincinnati, from which college he graduated with honor in 1861.

In 1862 he was appointed army surgeon, and served in that capacity for nearly three years, or until the close of the war. He participated in the siege of Vicksburg, was in the battle of Lookout Mountain, and accompanied Sherman on his famous "March to the sea." His regiment took part in over thirty engagements, and was mustered out of service at Washington, June 6th, 1865. He then settled in the town of Elgin, Ill., where he has resided ever since, practicing medicine and surgery. He was a member of the Illinois Legislature in 1871-2, and was appointed by the Governor to a position on the State Board of Health in 1877, and reappointed in 1880 for the succeeding seven years.

Dr. Clark was one of the organizers of the Bennett Medical College, of Chicago, 1869, and has been continuously connected with it ever since, now holding the chair of Obstetrics and Diseases of Women in that institution. While always willing and ready in the performance of a duty to his State, he has never asked for or wanted any public office or position, preferring to attend to his private practice, which, during the past twenty years, has been very extensive.

ECLECTIC SELECTIONS.

FOOLING WITH THE METRIC SYSTEM.—A case was recently reported in which a life was lost from an overdose of opium. The physician intended to write $\mathcal{R}$ Morphine Sulphatis 0.0015, but instead wrote it 1.5. Had he written it gr. 1-40 the mistake could not have occurred. As a contemporary wisely remarks, "this comes from fooling with the metric system." The metric system looks attractive; it has lots of theoretical perfections that are practically useless or worse, and we believe it is some of its real defects which have gained for it many of its warmest advocates. Just consider its whimsical unspeakable polysyllabic Græco-Roman nomenclature; its *spell* has doubtless fascinated many a mind of classic culture, especially if there was a youthful aversion to mathematics; he feels that his boyhood days were embittered by reduction ascending and descending, and here is escape for all posterity in the mystic combinations of centi and kilo.

A year or two ago its advocates tried to manufacture a boom for the metric system, and considerable effort was put forth to have Congress adopt it for the country. Booms may come and booms may go, but our people are about as likely to discard their habits of thought and action regarding weights and measures, as to set about training themselves to be left-handed. What the iron heel of a despot may have accomplished with the people of a European monarchy, is not worth a tinker's dam (this orthography in used on the authority of an ex-Governor of this State) as a precedent for a free people, and it may be may be safely assumed that they will use about such weights and measures as they please, no matter what laws may be passed, and how eager the people who *don't* do the weighing and measuring may be to impose their reform (!) upon those who do. — *Mass. Eclic. Med. Jour.*



Anson L. Clark, M. D.



INTRODUCING A CATHETER UNDER DIFFICULTIES.—We have frequently called attention to the value of the French soft-rubber catheter, into which is inserted a small bougie to act as a stiffener, when we have occasion to introduce a catheter for the relief of retention. In enlarged prostate, or in a congested urethra from urethritis, causing retention, we have no time to waste, nor do we dare try to push things with an iron hand. No we must coax, and the limber, flaccid catheter is the tool to do it with. If there is spasm, which is seldom absent, we say, give a full dose of gelsemium at once, for nothing makes the urethra more tolerant and docile. Then we take the limber rubber catheter (say No. 12), oil it, introduce into it a No. 4 or No. 3 bougie, then commence to introduce it carefully, and when you get to where it won't go, simply stop, then draw the penis in line with the prostatic urethra so as to make the whole passage as straight as may be, then gently push your catheter, at the same time give it a rotary motion with the thumb and finger; this succeeds in coaxing the catheter through the difficult and embarrassing passages, even where they are tortuous, and thus you enter the bladder.

We drew off nearly three quarts of urine from a man lately, who had been suffering with retention nearly four days, and beat out the other doctors. We drew off twelve ounces of urine from a man in our office, who could not pass urine, and the catheter gave him pain. We pushed and shoved, and, as Dr. Cofer said, bullied the urethra into submission. This little instrument is the safest thing, in all hands, we know of.—*Geo. Eclectic Med. Jour.*

EPILEPSY.—Correspondents asking how to treat epilepsy will do well to prescribe ten grains of bromide of potash four times a day, and two drops of the tincture of English Digitalis in alternation with the first mentioned medicine. These remedies are to be suspended on Sunday, and two doses of pulverized sulphur—ten grains each—substituted. Any other day in seven will do for the display of sulphur, yet patients are more likely to keep the time of substitution in mind if it be associated mnemonically with a day which is conspicuous for something.

I beg to be excused from pretending to give a reason why sulphur is a good substitute for several kinds of medication every seventh day. I will simply say that I have learned empirically that it is wise to break a course of medicine with an interruption once in about a week; and I have also learned experimentally that sulphur is exceedingly valuable in scrofulous, eczematous, and syphilitic states of the body. Then, again, in childhood, a verminous condition of the alimentary canal is apt to exist—and to overcome this morbid state there is nothing better than sulphur. As many as three cases out of five of epilepsy in early life hinge upon worms in the intestinal canal. While santonine and other vermifuges may do good, at least temporarily, sulphur is more satisfactory in its results. It may be remarked that sulphur requires about a week to pass the entire alimentary canal.

Large doses of bromide of potash may be tried in obstinate cases. However, some cases are, so far as we know, incurable.—*Eclectic Med. Jour.*

HOMOEOPATHIC SELECTIONS.

REMEDIES FOR CONSTIPATION.—By H. N. Guernsey, M. D., Philadelphia.—*Alumina.*—No urging; apparently there is no action in the rectum; very great effort is needed to pass the stool, which is soft, or hard and knotty; sometimes all covered over with slime; stool usually scanty. Straining at stool often causes the urine to flow involuntarily. Stool sometimes in the shape of laurel berries. Worse: p. m. periodically; warm room; travelling. Better: in open air.

Mind variable, vivacious, or thoughtful.

Arnica.—No urging; inactivity of rectum; stool insufficient, hard, much straining, with headache, head hot. Feels dull all over and unfit for business. Belchings. Causes: concussion; over-exertion; Peruvian bark. Colic, thrusts from one side to the other. Retention of urine from injury.

Belladonna.—No urging; plethora, abdominal, or spasmodic; clutching; pains quick; forehead, eyes, carotids, red and throbbing; tongue coated; sour taste; eructations. Urine dark. Dull and stupid. (Pulse full; double.)

(Shuddering during stool.) Causes: cold; suppressed perspiration; feels worse in p. m. and evening. Drinks little and often. Frequent desire with little or no effect. Stricture in anus. Abdomen inflated; heat in head.

Bryonia.—Stools hard, black, dry as if burnt; too large in size, and passed with difficulty. Thirst for large drinks, mouth and lips dry. Prefers cool weather, better lying on painful side; from cold food; cold drinks. Dreads and is worse from motion. Nausea after eating; water-brash; vomiting food. Urine dark; pink stain. Sleep unrefreshing.

Calc. carb.—No urging. Light hair; leuco-phlegmatic temperament. Stool hard; undigested; bleeding from anus, after stool; heat in rectum after passage of hard stool; stool, first part hard, then loose; light colored. Is late in going to sleep. Worse: in the morning before breakfast; in cold, wet weather; on ascending; from milk; getting wet; after eating. Better: after breakfast, loosening garments, rubbing.

Carbo. an.—No urging. Stool very hard; passed with much difficulty and streaked with blood: stool scanty and passed in pieces with much difficulty; during stool pain in small of back; feels as if more stool would pass, but rectum too weak; thinks to pass stool, but only wind passes. Constant oozing of inodorous fluid from rectum; similar oozing from perinæum. Repugnance to greasy food; food causes distress; tiresome to eat. Sad, melancholy. Single parts of body go to sleep. Head feels as if the top were open, or were lifting off, or were blown to pieces; has to hold it together in damp weather. Deaf, can't tell where the sounds come from.

Causticum.—Frequent and unsuccessful desire to stool, with pain; anxiety and redness of face; stool shines like grease; knotty and difficult stool, with mucous and bright red blood; stool very small in size; burning in anus after stool. Gives pain in anus or rectum to walk. Worse: in the evening, in cold air, in clear, fine weather, from coffee, after stool. Better: from cold water, from warmth, in damp, wet weather. Has a fatty taste; nausea, and vomiting of watery matter, sensation as if lime were slaking in the stomach. Sad, suspicious, mistrustful.

China.—No urging; constipation with

vertigo, heat in head and tinnitus aurium; difficult stools, even if not hard, from inactivity (of rectum); burning, itching, tingling in anus after stool, induced by loss of fluids; quinine. Worse: at night, from fruits, milk, checked perspiration. Sensation of fulness in abdomen (after eating); sleeplessness; vomiting of sour matter; flatulency; flat taste.

Cocculus.—No urging; hard stool every other day, or every three or four days, passed with *much* difficulty. Light-haired persons. Vomiting of bile, sensation of hollowness in stomach or abdomen; eructations. Sensation of numbness in limbs. Feels worse: in open air. Better: in room.

Conium.—Frequent or constant urging, without stool; constipation following parturition, from drinking milk. Yellow skin. Heartburn, frequent attacks of feeling sick. Vertigo, particularly when lying down and turning the head. Worse: while lying down. Better: when moving about; before breakfast.

Graphites.—No great urging, or no desire for stool; frequently omits the regular stool; knotty stool, the lumps united by mucous threads; stools very large in size, or only the size of lumbricus; humid eruptions, with sluggish, large stools. Sleeps late in the morning; bad smell from the mouth, flatulency, obstructed flatus, flushes, yellow perspiration. Feels better from eructation.

Hepar.—Desire for stool, which is accomplished with much effort, whether the stool be hard or soft; sleep unrefreshing; acid urine; dry eruptive diseases; has taken mercury to excess (China). Feels worse: in dry, clear weather, in cold air. Better: in warmth, from wrapping up the head or body, in damp, wet weather. Frequent and momentary attacks of nausea, frequent tasteless belching, vomiting every morning, stomach easily deranged.

Kali carb.—Frequent and unsuccessful desire for stool, coming in paroxysms; sometimes little stool is passed or wind; insufficient stool at all times; inactivity of bowels; violent headache in the temples; spotted vision. Wakes at 3 A. M.; sleepy in evenings. Disgust of food; flatulent; obstructed. STITCHING PAINS. Worse: getting over-heated, in cold air, during eating, after eating,

lying on side. Better: from eructation, in warmth, sitting in bent position.

Lachesia.—Constipation of years' standing; constipation with sensation as if the anus were closed or constricted; stool seems to press upon the the anus, but nothing passes. In the morning, on awakening, feels sad, as if forsaken; tired of life; doesn't wish to do anything. Has had much trouble, lost friends and money, does not feel content at home. Much mucous in the throat in the morning. Worse: from abuse of mercury, spirituous liquors, narcotic medicines, from sleeping. Better: while eating.

Lycopodium.—No desire for stool, or there may be ineffectual urging; stool not so hard, but want of tone; much loud flatulency, and croaking in left hypochondrium. Obstructed flatus, with pain striking from right to left. Red sand in urine; much pain in back before urinating. Sour vomiting, flushes of heat. Feels worse: from 4 to 8 p. m.; sense of fulness after eating; great restlessness at night; from eating cold food; cabbage, and vegetables with husks; from wrapping up; oysters. Better: on getting cool; in company; discharge of flatus, either way; uncovering head or body; loosening garments; taking warm or hot things.

Magnesia mur.—Urging to stool; stool hard, knotty, difficult; after pressing some time, the stool seems to recede up the rectum: pricking pain in the rectum as the stool passes; sheep's dung; stool seems to crumble into small pieces as it escapes, with pricking in the rectum. Poor appetite; bad taste in the mouth; bitter taste in back part of throat; eructations; throbbing in pit of stomach; nausea, early, after rising; fainting nausea. Hysterical spasms. Aching in liver; chronic hepatitis, and induration of liver.

Mercurius.—Constant desire for stool, with tenesmus, without result; sheep's dung; stools hard and little at a time, or very large in size, leaving the anus raw and sore. Light hair; scrofulous or scorbutic. Margins of eyelids sore and thick; sore nose, etc.; corners of lips; ulcers about tongue; tongue thick. Increase of saliva. Glandular affections; purulent eruptions; perspiration yellow and sour. Sleepless before midnight. Urine acid; dark, rank smell. Can't lie

on right side. Worse: from cold air, getting warm in bed. Colic in evening in bed.

Natrum mur.—Hard stool; sensation of constriction of anus, tearing and stitching, fissuring the anus causing bleeding; frequent stitches in anus; smarting and throbbing lasting a long time. Great sadness. Dreams of thieves and robbers. Aversion to bread; eructations; heart troubles. Feels worse: in the morning; after eating; abuse of Peruvian bark. Better: fasting. Labor-like pains; severe pressing, going off with stool.

Nux vomica.—Large, hard, difficult stools; frequent urging to stool without effect; sensation as if something remained behind, in the rectum; sensation as of narrowing or constriction of the rectum hindering stool. Feels unfit for business; does not wish for company. Nausea; headache and nausea every morning; sensation as if one would feel better if vomiting would take place; sensation of weight or oppression in stomach or abdomen; high and rich livers. Wakens at about 4 a. m., is restless and gets no more refreshing sleep; frightful dreams. Chilly. Sensation of constriction about hypochondria. Dark-haired people. Feels worse: fine, clear weather; cold air; cold water and cold food. Feels better: to wrap up the head; in warm air; when lying down; on the other side; after discharging wind; in damp, wet weather.

Opium.—No urging; constipation of long standing; stools occurring but seldom, sometimes many days apart, composed of hard, dark balls; rectum very inactive; sheep's dung. Daring state of mind; sleep unrefreshing; drowsy and sleepless; bed feels hot; hot perspiration. Troubles proceeding from anxiety or fear; abuse of spirits.

Phosphorus.—No urging; stools narrow, long and hard, difficult to pass. Dark-haired, and tall, slim persons. Sour vomiting, with constipation; very weak and empty feeling in abdomen. Much belching; emaciation; very weak; can't lie on left side or back. Better: lying on right side, cold food, cold water.

Plumbum.—Sheep's dung; sensation, as of a string across the anus; constipation with colic, with a sensation of being pulled from front to back, as if the anus

were drawn upwards, as if the abdomen nearly touched the spine; discharge of balls, conglomerated into one mass. Worse: at night, from rubbing; constipation, with vomiting, at night.

Sepia.—Hard, knotty, difficult stool, which inclines to remain long in the rectum; a little is discharged occasionally, but unsatisfactorily; constipation with weight in the abdomen. Weight in the anus (as of a potato); darting pains up the rectum. Skin yellow, delicate, sensitive. Painful sensation of emptiness in pit of stomach. Urine with sediment like clay, which adheres with great tenacity to the bottom of chamber; urine putrid. Worse: from milk or fat pork. Better: to draw up the limbs; when walking quickly; drinking cold water.

Silicea.—Constipation, stool composed of hard lumps; after hard straining, stool recedes. Aversion to meat; loss of taste; vomiting of what has been eaten; want of, or extreme hunger. Bones sensitive. Can't sleep after waking. Hernia of long standing. Feet perspire and are offensive; sore feet (especially soles), on walking.

Staphisagria.—Hard, scanty stool, with cutting and burning in the anus; hard stool and flatus alternately. Very sensitive persons; black teeth; sensitive yellow scabs on head, which smell very badly and itch much. Colic, incarcerated, gnawing, or darting. From excesses—as use of tobacco, mercury, sexual indulgence, all of which may have contributed to the trouble. Better: after breakfast; after discharge of flatus downwards.

Sulphur.—Hard, difficult stool; flat; like sheep's dung; insufficient stool; constipation, with heat and soreness in anus; with piles; constipation of infants; with itching; frequent and unsuccessful desire; stool hard and black, as if burnt; bleeding. Aversion to meat; sour taste; eructations taste of eggs. Rough, itching skin. Sleep is short and broken; sleepy all day; wishes to sleep late; sleep may be profound; dreams of beautiful things, and is happy; sings. Sudden flushes of heat, passing off in perspiration, and feels weak. Feet cold. Much heat about the head. Left-sided remedy; most of the sufferings are on the left side. Worse: from milk (it disagrees); abuse of mercury; quick

motions; after a long sleep; from washing.

Veratrum.—Constipation of infants; chronic constipation; first portion of stool is large, and the latter part consists of thin strings; stools very large and very hard; very weak after a passage; sluggish from inactivity. Cold sweat on forehead, and debility. Tired of life and afraid to die. Craves cool and refreshing things. Urine very dark. Pulse weak.

Verbascum.—From induration; knotty, like sheep's; much effort necessary. Darting pains; pains about the navel, as if the bowels adhered to the peritoneum, and were being pulled out. Sticking in umbilical region; pressure on umbilicus like a sliver; constriction about umbilical region.—*Hahn. Monthly.*

A CHINESE PHARMACOLOGIST.—According to the latest teachings of the scientific school, the way to find out how to cure people with drugs is by the new science of Pharmacology; and according to them, pharmacology is chiefly, if not entirely, built up of experiments on animals. In this they are (doubtless without knowing it) "on the side of" the "Celestials." The native Chinese practitioners are pharmacologists in this sense, and their practical conclusions are about on a par with those of their Western colleagues. We are indebted to a missionary for the following: A native practitioner was treating a case of eczema of the back of the hand, and he applied *nux vomica* plaster. The Chinese pathology is simple; all diseases are divided into two classes, "cold" and "hot." Eczema is a "hot" disease—plainly. Medicines are also divided into "cold" and "hot." The practitioner in question explained, when asked, that *Nux Vomica* was a "cold" medicine, and that was why he applied it. When asked how he knew it was a "cold" medicine he replied, "Oh, because when you give it to a dog, it shakes and shivers to death!"—*Hom. World.*

NOTES.—*Jamaica Dogwood* is highly eulogized for neuralgia, following uterine hæmorrhage; should be prescribed in ten drop doses of the tinct. Dr. Phillips, of Boston, also adds that it is an admirable substitute for opiates.

Urethral Spasm Relieved in the Female by Cocaine: Dissolve one grain and a half of the Cocaine in an ounce of water and pass some of the solution up to the obstruction, through a catheter. In about five or seven minutes the spasm can be overcome. This treatment should apply equally as well to spasmodic stricture of the male urethra. Cocaine is also recommended for cystitis or an irritable bladder, to be employed as follows: Dissolve one-third of a grain of the hydrochlorate of cocaine in about four ounces of warm water, and inject into the bladder once every day.

Wens: Ether injections—Inject from five to ten drops of pure ether, with an ordinary hypodermic syringe daily. As the wen becomes painful and shows signs of suppuration, the injections are discontinued. The tumor is punctured at its base and the contents evacuated. In a few days the whole contents are discharged and a small lump remains.

Goitre: This pathological condition should be treated by individualization. There are five conditions to be considered. 1. Goitre may be sporadic, a local disease, without diathetic causes; *a. g.* accouchment, mechanical causes. 2. It may depend on a change of the blood; *e. g.*, scrofula. 3. Is a constituent part of the triad of signs of exophthalmus. 4. It is endemic. 5. It may be everywhere, epidemic. *Secale* is more frequently indicated, not in large doses, for its dynamo-mechanical effect, but for its influence over the vascular supply, and especially in the soft, diffuse, or vascular-sanguineous form. Nothing is to be gained by the parenchymatous injection of any crude drug. Interstitial injections of *Iodine*, in the fibrous form, is still followed by the *Allopaths*, but without success, except in cases where *Iodine* was indicated.—*Hom. Jour. Obstet.*

ANÆSTHETICS—GOOD, BAD, AND INDIFFERENT.—Dr. B. W. Richardson has recently published a summary of the anæsthetics, from which we condense the following:

Considered safe: ethyl bromide, ethyl chloride, ether, ethene (olefiant gas), ethene chloride, methyl bromide, methyl chloride, methyl ether, methene chlo-

ride, methane (marsh gas), nitrous oxide.

Of doubtful value: amylene, amyl chloride, butyl chloride, benzene (benzol), carbon disulphide, carbon dioxide, carbon tetrachloride, methyl alcohol, methylal, spirits of turpentine.

Dangerous: amyl hydride, butyl hydride, carbon monoxide, ethyl hydride. Chloroform and ethene dichloride, are regarded as useful, but requiring care. Dr. Richardson considers methylic ether to be the safest of all the anæsthetics.

PERISCOPE.

TREATMENT OF OLD AGE.—Prof. Horatio C. Wood, in a clinical lecture delivered at the Philadelphia Hospital, reminded his pupils that old persons often prove very profitable patients, and frequently require advice having for its object the prolongation of life. In this matter there are three points to be especially considered. "First, the protection from untoward influences, from exposure to which a large proportion of those die who are said to die of old age. An amount of exposure which may be nothing to a young man, becomes a very serious matter to an old one; and one of the best protections from cold is a buck-skin jacket. Every one who is seventy-five years of age, and whose physical powers are beginning to fail, should be put into a buck-skin jacket extending from the shoulders to the hips. There is no flannel, silk, or any thing else, which will compare with buck-skin in preventing chilling of the body. Chilling of the surface in an old person means a rush of blood to the internal organs, where from weakness of the vaso-motor system, and the condition of the vessels, contraction cannot take place, and the congestion is even apt to be followed by pneumonia, or other inflammatory result. Such patients must be especially guarded against exposure to wind. Damp is feared by many, and credited with causing many affections; but where damp has slain its thousands among the aged, high winds have slain their tens of thousands. This caution applies not only to old age, but to all cases in which there is a tendency to cardiac failure. High winds chill the surface, oppress the respiration, and are exceedingly disastrous to the life of any

person whose circulation is without power. I need not say anything in regard to preserving the nervous system from all shocks. Fortunately, as the intellectual powers become blunted, so do the emotional energies, and the old man is not so susceptible to the emotional disturbances as is the man whose nervous system is unaffected by age. All accidents are, of course, to be carefully guarded against, and all excessive bodily or mental exercise. Remember, excessive is a relative term, and for the weak excessive may be very little. Rest is of great importance. Indeed, old people should spend many hours in bed.

2. The next point is in reference to diet. The food should be light, but nutritious. Stimulating food should be withdrawn. Meat should be used but sparingly. What we start with, to that we must come, in this life. Man, who begins on milk, should in the last years of his life make milk the chief article of his diet.

3. Finally, in regard to medicines. There are two drugs which are of the greatest importance to old persons. These are alcohol and opium. If your patient, approaching his 80th year, can be made an opium-eater, you will in the majority of cases protract his life many months or years. In these cases the opium is to be used carefully, and in such a way that the patient cannot rapidly increase the dose. A number of years ago I was called to see an old man who was thought to be dying, but he is still alive at eighty-four. For the last ten years he has taken an opium suppository every night, but beginning with one grain, he has now only reached two-and-a-half or three grains. Unless the patient has more than the ordinary will-power, it is essential that the opium be administered by some one else. Again, the use of alcohol in old age is of great importance. Every old person should take alcohol in some form three or four times a day. It should be given at meal-time. I think that it makes little difference whether dilute brandy, or whisky, or some of the wines are selected; the wines are more palatable to some. It is also important to study the digestion of the patient, for in some it is found that the diluted liquors answer best, while in others the wines are most serviceable."—*Med. and Surg. Rep.*

TRANSPLANTATION OF AN EYE.—Chibret, of Clermont, reports (*Revue generale d'Ophtalmologie*, May, 1885) the results of the novel experiment of transplanting the eye of a rabbit upon the human subject.

The patient, a girl of seventeen, had a staphylomatous eye, requiring removal. This deformed ball was enucleated in the ordinary manner, and under antiseptic precautions. After removal, the cavity of the capsule of Tenon was irrigated with a solution of sublimate, 1-2000 while the "plant" was being procured. The eye of a rabbit was then removed, leaving upon it its rudimentary capsule of Tenon, and a band of conjunctiva around the sclero-corneal junction (two little slips being left at known points to serve as indices). Superfluous cellular tissue, etc. was dissected off, and the ball was washed in the solution of the sublimate.

The ball was then introduced into its future resting place in the cavity of the capsule of Tenon, left empty after the enucleation of the girl's eye. The sutures were then passed through the anterior edge of the capsule, muscles and conjunctiva of the girl, and through the capsule and band of conjunctiva remaining in the transplanted eye. Those to the right and left are first passed, and care is taken in adjusting these to secure a proper direction of the horizontal visual axis. Then those above and below are placed, and the same care is taken to secure a proper position in the vertical meridian. After the operation the solution of the sublimate is used, and the both eyes bandaged with an immovable bandage.

During the first week the cornea remained absolutely insensible and became cloudy. This was, to some degree, attributable to the free handling it had received at the operation, and to the irritation of the ends of the sutures which were found pressing on it after the operation. Movements in association, good. Superficial ulceration of the cornea occurred. On the tenth day, the sensibility of the cornea was completely restored, and touching it with a probe, was sharply resented. Tension remains normal. Some pain. From this time the cornea continued to clear; the superficial layers were eliminated, breaking down into pus; the membrane of Des-

cemet was exposed, remained transparent, and showed the iris behind it perfectly normal, and of its proper brown color.

This thin floor began to give way and prolapse of the iris to occur at places.

At this point the case is published. The author thinks that some better eye can be employed than that of the rabbit, but does not suggest what. He suggests an improvement in the technique of the operation, that the cornea be touched as little, and as lightly, as possible during transplantation; and that the suture ends be not allowed to come in contact with the cornea.

Even as this first experiment stands, there is enough in it to merit attention. C. thinks the above care will prevent ulceration of the cornea.

If an eye can be transplanted; retain a fairly presentable cornea; acquire perfect associated movements, and not be a seat of chronic pathological changes, then the great desideratum has been reached.

A NOVEL FORM OF ENAMELLING.—American ingenuity is said to have devised a method of enamelling the skins of fashionable women, which suspicion asserts to have found favor with the daughters of Eve on this side of the ocean also. The process is widely different from that pursued by the followers of Madame Rachel in their efforts to confer eternal beauty on their patrons; and in some respects its advantages over the latter proceeding are considerable. It comprises three stages: in the first, the shoulders and arms and other parts to be beautified are well rubbed with rose-water, which is next wiped off, and the second application made with cold cream, a thick layer of this being allowed to remain on the skin for fifteen minutes. After this has been rubbed off, the surface is next covered with violet powder, and a process of "polishing" is then gone through, at the end of which the parts so treated present the appearance of polished marble, a beautifully delicate texture being given to the skin. It is quite conceivable that the results may be as declared; and that the skin will be rendered supple and delicate under such a *régime* is highly probable, while the harmfulness of the process is exceedingly slight as

compared with the vicious practice of "enamelling" as hitherto understood. So long as fashion approves the weakness of forcing an appearance of beauty by artificial means, it is hopeless to expect that the resources of charlatantry will be neglected; but it is always a matter for congratulation when the methods adopted for "assisting" Nature are not in themselves destructive of health; and this last craze seems to be an improvement in this direction.—*The Medical Press.*

CREDE'S METHOD OF DELIVERING THE PLACENTA.—It will be conceded by all physicians that the conduct of the third stage of labor is frequently the most important duty of the accoucheur. The great importance of thoroughly emptying the uterus of all the secundines is emphasized by the prevalent ideas of the septicæmic origin of puerperal fever. After the pains and trepidation of the second stage of labor are over, the relief and satisfaction experienced by the patient and friends are frequently in contrast with the annoyance of the physician at the non-appearance of the placenta, coupled with an uncertainty as to the most desirable manipulation to hasten its delivery. That much harm may be done by making excursions into the uterus, particularly with fingers not thoroughly antiseptic, and by violent massage of the abdomen, cannot be doubted. The method of expectancy that will patiently wait, perhaps for hours, until unaided nature expels the placenta, finds scant favor in this bustling country. Although certain Germans, having continual fear of puerperal septicæmia, may be willing to wait with folded hands great lengths of time, we fancy the average American physician would find it equally difficult to restrain his own as well as the patient's uneasiness at undue delay. Some means or other being employed to hasten the emptying of the uterus, it may be well to notice particularly what constitutes the method of Crede, as many books and writers are rather obscure upon this familiar subject. Simple kneading of the abdomen and more or less severe pressure over the uterus do not, as supposed by some, constitute Crede's method. The object of Crede being only to assist nature, all violent and unnecessary

manipulations are to be discountenanced.

As soon as the second stage of labor has been completed, the accoucheur must aim to effect a loosening of the placenta by encouraging the uterus in tonic contractions, and this is best accomplished by "gentle stroking movements over the largest possible surface of the uterus." When *clonic* contractions begin, by which agency the placenta is to be expelled from the uterus, this organ is to be grasped by the outspread fingers and hand, and pressure be made at a time when each contraction reaches its greatest energy. The pressure upon the uterus is to be made in the direction of the hollow of the sacrum. Sometimes in this manner the placenta will be expelled from the uterus with the first contraction, and nearly always by the sixth or seventh pain.

Crede considers that if the placenta has not been delivered within thirty minutes, the case is no longer physiological, but pathological. It is thus seen that this method aims to imitate and aid nature in getting rid of the after-birth by exaggerating the contractions with which this is to be accomplished. Indiscriminate kneading and pressure in the interval of the normal clonic contractions is forbidden as unphysiological and wrong. Crede aims to expel the placenta, having the membranes intact, without manual interference within the genital organs. In an article in the *American Journal of Obstetrics*, Dr. Baruch, after reviewing the different plans of managing the third stage of labor, including a thorough description of Crede's method, concludes that the latter should be better understood and practiced by American physicians. He would, however, somewhat modify the last stage of the proceeding, by placing two aseptic fingers within the vulva, or partly within the vagina, until the uterus recedes. The mass is then gently removed until the membranes are put upon the stretch, being held in this position while the index finger gently presses against the membranes, near their placental attachment, until the uterus relaxes its hold upon them, and the whole mass drops. By this plan it is endeavored to insure a complete removal of the membranes.—*Med. Record*.

COLLES'S FRACTURE.—Mr. Lucas gives in the *Guy's Hospital Reports*, vol. xlii., an able and practical paper on this common fracture of the radius. He shows, from a careful reference to museum specimens and from recent dissections which he has been fortunate enough to obtain, that the fracture is usually situated from a quarter of an inch to one inch above the articular surface, and the cause is usually a fall on the outstretched hand. The direction of the fracture is generally either transverse or obliquely directed from below backwards and upwards, and from within outwards and upwards. Not rarely the lower end of the fragment is comminuted, and in only exceptional cases the fracture may be oblique from behind forwards and upwards. Accompanying the fracture, there is usually either a fracture of the styloid process of the ulna, or a tear of the internal lateral ligament of the wrist-joint, and, in addition, frequently a rupture of the triangular fibro-cartilage, with such damage to the lower radio-ulnar ligaments as to allow the end of the ulna to be removed more freely than is normal.

The injury gives rise to three prominences: 1, a dorsal elevation most prominent on the radial side, due to the backward displacement of the articular end of the lower fragment, together with carpus and the base of the metacarpus; 2, an anterior rounded prominence, extending from the edge of the annular ligament upwards for about three inches, caused by the fractured ends pressing forward the tendons, together with effusion of blood or serum into and among the sheaths; 3, a prominence on the inner side due to the projection of the lower extremity of the ulna.

There is a depression on the posterior and outer aspect of the forearm, commencing abruptly above the dorsal prominence and fading away on the radial border due to the displacement on the fractured ends forwards and inwards. Owing to the depression of the radial border of the forearm and the prominence of the lower end of the ulna, the hand presents the appearance of abduction. The movements of pronation and supination are lost. Pain is felt at the seat of fracture, and on the inner side of the wrist and hand. Pain in the latter situation is increased by pressure

on or below the projecting end of the ulna, and is due to stretching of the dorsal branch of the ulnar nerve, as he shows by dissection of an old case of fracture, where the nerve was stretched like a bowstring by the projecting ulna.

Crepitus is rarely obtained when examination of the fracture is made in the usual way, by attempting to move one fragment on the face of the other; and the explanation may be twofold. The fracture may be impacted, or the muscles passing through the posterior annular ligament may so fix the posterior edges of the fracture, that only a slight movement can be obtained, which is insufficient to produce crepitus.

On grasping the hand of the patient and making free extension, the deformity may be made to disappear; and if at the same time pressure be put on the radius at the seat of fracture, a sense of yielding, and sometimes crepitus, will be felt; on releasing the hand, the deformity will recur.

The chief displacement is the lower fragment, which becomes rotated on a transverse axis, so that its articular surface, instead of looking downwards and slightly forwards, is directed downwards and backwards; and to a less extent on an antero-posterior axis, so that the articular surface is inclined somewhat outwards instead of inwards, the upper fragment very usually somewhat anterior to the lower. The radius is shortened as a whole, and the anterior surface becomes longer than the posterior. The hand follows the shortened radius, and is displaced outwards. When the fracture is caused by falls from a height, the lower fragment is often comminuted. In this case, the most regular fragment is one cut off by a fissure commencing in the ulnar facet, and either breaking out on the dorsum in the groove for the common extensor, or reaching to that of the radial extensors. The power of flexion at the wrist in the joint between the first and second rows of carpal bones is greatly increased as time goes on.

There is a marked analogy between this fracture and Pott's fracture at the ankle. In both, there is a fracture with partial dislocation. In the lower extremity the fibula is fractured, the foot displaced outwards, and the inner malleolus fractured, or the internal lateral ligament ruptured. In Colles's fracture,

the radius is fractured and the hand displaced outwards, and the ulnar styloid fractured, with ligaments torn.

Mr. Lucas's description of this fracture is, to our mine, the clearest and best we have seen, and deserves to be incorporated in those surgical textbooks which value accuracy and simplicity, and at the same time wish to make a student think for himself.—*London Medical Record*.

EASY METHOD OF CURE FOR SALIVARY FISTULA.—In the *Lancet*, April, 1885, p. 682, Mr. Alfred Hodgson records a case of a man who came to him with a fistula of the parotid duct resulting from a former knife-wound. Numerous attempts were made to close the wound, but without success, until on January 20, Mr. Hodgson passed two needles, threaded on one strong piece of silk, through the fistula into the mouth, on a rather lower level than the external fistulous orifice, piercing the buccal mucous membrane about a quarter of an inch apart. The needles were then removed, and the threads firmly tied and cut off short, thus leaving a ligature enclosing part of the internal wall of the duct, a portion of mucous membrane, and the intervening structures. The edges of the fistula were touched with nitric acid in the course of a day or two, so that a scab formed over it, and all the saliva found its way into the mouth. This scab came off a few days later, leaving the skin soundly healed, and the ligature inside out its way through the mucous membrane by February 11. The result was a complete recovery.—*London Medical Record*.

THE PRODUCTION OF PHANTOM TUMOR.—The *London Medical Times*, June 13, 1885, says that Dr. Krukenberg, of Bonn, contributes to the *Archiv für Gynakologie* (Band xxiii. Heft 1,) an article on this subject. In a case of the kind under his own care—a case, that is, of apparent enlargement of the abdomen, which disappeared entirely when the patient was anesthetized—he examined the patient very carefully to find out how the swelling of the abdomen was produced. He came to the conclusion that it was due to lordosis of the vertebral column, this lordosis being dependent upon weakness of the spinal

muscles due to anæmia and debility. By the lordosis, he thinks the space in the abdominal cavity is lessened, hence the pressure within it raised, and the anterior abdominal wall thrust forward by the pressure of its contents. Acting upon this theory of the disease, Dr. Krukenberg treated the patient by keeping her at rest, with pillows, etc., so arranged as to support the pelvis, and thus counteract the lordosis; under this treatment the abdominal protuberance disappeared. He candidly admits that his theory does not account for the persistence of the apparent tumor in such cases where the patient is lying down, unless hysterical contraction of muscles be assumed; nor, we may add, does he explain why phantom tumors are not a regular accompaniment of the lordosis due to progressive muscular atrophy, a condition which suggested to him the theory that weakness of the spinal muscles was the cause of the disease in his case.—*Med. and Surg. Reporter.*

HEBRA'S TREATMENT OF SOFT CHANCER BY SALICYLIC ACID.—After washing the penis with lukewarm water and soap, and drying it well, the powdered acid is applied to the sore and its edges, and maintained in place by means of a pledget of cottonwool. The application is renewed after twenty-four hours, and on the third day simple ointment is used instead of the acid. Twelve hours later the eschar disappears, and after about three days the sore is healed.—*London Med. Record.*

A CASE OF MILKY HYDROCELE.—Mr. Sidney Davis reports the case of a young man who came to him with a hydrocele. He tapped it and drew off two ounces of milky fluid, which had the ordinary properties of chyle. Under the microscope it was found to contain fat granules and granular leucocytes, and three or four embryonic filariæ. In three weeks the fluid returned. Mr. Davis then opened up the tunica vaginalis, washed the sac out with carbolic acid solution (1:20) and allowed it to granulate from the bottom. A perfect cure resulted. There was no chyluria.—*Br. Med. Jour.*, June 20th, 1885.

THE ORIGIN OF OPIUM.—The *Popular Science News* tells us that according to the Bengali legend, there once lived, on the banks of the holy river Ganga, a Rishi, or sage, in whose hut, made of palm leaves, there was a mouse; which became a favorite with the seer, and was endowed by him with the gift of speech. After a while the mouse, having been frightened by a cat, at its earnest solicitation was changed by Rishi into a cat; then, alarmed by the dogs, into a dog; then into an ape; then into a boar; then into an elephant; and finally, being still discontented with its lot, into a beautiful maiden, to whom the sage gave the name of "Postomani," or the "poppy-seed lady." One day, whilst tending her plants, the king approached the Rishi's cottage, and was invited to rest and refresh himself by Postomani, who offered him some delicious fruit. The king, however, struck by the girl's beauty, refused to eat until she had told him her parentage. Postomani, to deceive the king, told him she was a princess whom the Rishi had found in the woods and had brought up. The upshot was that the king made love to the girl, and they were married by the holy sage. She was treated as the favorite queen, and was very happy; but, one day, whilst standing by a well she turned giddy, fell into the water and died. The Rishi then appeared before the king and begged him not to give way to consuming grief, assuring him that the late queen was not of royal blood. Said he: "She was born a mouse, and, according to her wish, I changed her successively into a cat, a dog, a boar, an elephant, and a lovely girl. Let her body remain in the well; fill up the well with earth. Out of her flesh and bones will grow a tree, which shall be called, after her, 'Posto,' that is, the 'poppy-tree.' From this tree will be obtained a drug called 'opium,' which will be celebrated through all ages, and which will be swallowed or smoked till the end of time. The opium swallower or smoker will have one quality of each of the animals to which Postomani was transformed. He will be mischievous, like a mouse; fond of milk, like a cat; quarrelsome, like a dog; filthy, like an ape; savage, like a boar; and high-tempered, like a queen."—*Med. and Surg. Reporter.*

CLITORIDIAN CRISES BEFORE THE PAINS OF PROGRESSIVE LOCOMOTOR ATAXIA.—Pitres directs attention anew to the fact that locomotor ataxia is not infrequently ushered in or accompanied by attacks of voluptuous sensations in the female, which must be regarded as being analogous to the erections and spermatorrhoea which are well known to occur in men in the early stages of the disease. The author reports three cases of tabes in which these attacks were observed. The first case is a woman aged thirty-four years, who was married, had two healthy children, and always enjoyed good health. She worked a sewing machine, and it became exceedingly disagreeable to her, because in moving the pedals the rubbing of the thighs against one another provoked attacks of voluptuous sensations, with erections of the clitoris and ejaculation, just as occurs in natural coitus. These attacks occurred spontaneously and in the absence of any erotic thoughts, and sometimes occurred as often as three or four times in the same day, but a succession of attacks was often followed by a free interval of one or two weeks. Each attack was followed by great languor and distaste for food. It was not until four years after that the lancinating pains, and other symptoms of locomotor ataxia manifested themselves.

In the second case the attacks of sexual excitement began about a year before the commencement of the other symptoms; but in the third case the woman suffered from these voluptuous sensations for ten years before the characteristic pains began in the lower extremities. The author concludes that when females suffer from spontaneously recurring attacks of voluptuous sexual sensations, locomotor ataxia ought to be suspected in the absence of any other symptoms, and a diagnosis of tabes may be made with certainty if these attacks are accompanied by such symptoms as absence of the patellar tendon reaction, lancinating pains, gastric crises, or ocular trouble.—*Analectic.*

AN UNDEVELOPED HEAD.—M. B., aged 18 years, presents the singular appearance of a tolerably well-developed woman with a child's head. Her parents say that when she was three years old she had chronic chills. Without medical

advice they gave her large doses of quinine, and continued these doses through many weeks, being "determined to break up the chills," but without any good results. She ultimately wore them out. They say that her head, after a year's suffering, "has grown scarcely any since." Her body has developed rapidly. At times she has been subject to fits of insanity, lasting a few hours only. In the summer of 1884 she became a raving maniac, and I was called to see her and learned, during the visit, what is stated above. I treated her with bromide of potash and hyoscyamus. She recovered her normal condition in a few days. Notwithstanding her small head she has learned her letters and can read simple reading. My suspicions lead me to ask the question: *Does the excessive use of quinine in childhood retard the development of the brain?* In this case it could not have been the want of food, as the family are good liver, and the other children are well-developed.—*Med. World.*

PHYTOLACCA DECANDRA IN ORCHITIS.—No doubt most physicians have experienced trouble and anxiety in giving patients, suffering from inflammation of the testicle, no matter whether gonorrhoeal or not, the expected speedy relief. For several years past, Dr. W. O'Daniel has adopted the following plan of treatment: If there is much inflammation and swelling of the affected parts, he usually has the patient stand on his feet, which increases the already turgid condition of the scrotal veins, when he punctures them, thereby relieving, to some extent, the abnormal congestion by the free escape of blood from the distended veins.

After which he advises the patient to remain in bed and take from 4 to 6 drops of the fluid extract of *phytolacca decandra* every three or four hours until the specific effect of the drug is at least partially developed. He then lessens the dose or lengthens the interval, according to circumstances. This, with an ointment of belladonna and *phytolacca*, applied to the swollen and inflamed parts, with an anodyne, if necessary, to relieve pain and promote rest, and a well-fitting suspensory bandage after convalescence, constitutes a most

satisfactory treatment.—*Atlanta Med. and Surg. Jour.*

WHAT BECOMES OF MEDICAL STUDENTS.

—At the sitting of the General Medical Council on May 13th, Mr. Marshall suggests that a committee be appointed to superintend the preparation of statistical returns relating to the medical profession of the United Kingdom, and that the committee be empowered to expend on these investigations such sums as might be sanctioned by the President and Treasurer. Mr. Marshall referred to Sir James Paget's interesting return as to the career of a thousand students at St. Bartholomew's Hospital. The return in question bore the name of the heading of this paragraph, and will be found in the fifth volume of the *Hospital Report*. The career of one thousand students was carefully traced. Out of these, twenty-three achieved distinguished success, holding important public and hospital appointments, or gaining leading practices. Sixty-six had considerable success, holding good appointments or lucrative practices in good districts, or gaining more than ordinary esteem and influence in society. Five hundred and seven, or rather more than half, attained fair success, being able to live by their profession, or to gain promotion in ordinary appointments, maintaining in all cases a good reputation. One hundred and twenty-four had very limited success, not having made a fair practice within fifteen years after entering the profession, or appearing likely to do so, or were only just making an uncertain livelihood, or were still employed as assistants in ordinary practices, or were erratic, or doing much less than had been expected of them. Fifty-six "failed entirely." Sixteen of these ill-fated men did not get on in life, though no reason could be assigned to account for their failure, and ten failed through ill-health or some distinct misadventure. Ten were habitually irregular in their habits, and five failed because of scandalous misconduct. Fifteen were never able to pass examinations, "some because of idleness and listlessness, a very few through sheer want of intellect." Ninety-six, or nearly ten per cent., left the profession after beginning either its study or its practice; in the same space of time only seven entered the hospital

after abandoning other studies or callings, and five of the seven changed their minds. This is a tolerably clear proof that medicine is not a profession to adopt as a change or a last resource, a fact that certainly does not apply to several other vocations. Of the ninety-six, three were wisely removed from their hospital-studies by their friends, and thirteen left pupilage of their own accord or were expelled. Two retired through acquiring means which put them in a good position to dispense with work of any kind; four, after beginning practice, had to leave in disgrace; three took to the stage, one with success; four gained commissions in the army; three enlisted, one winning a commission; one successfully took to the bar; seven took holy orders; twenty went into business; nine became farmers; three homœopaths (all unsuccessfully); whilst twenty-four left the profession for various other pursuits. Eighty-seven died after beginning practice, twenty-one of diseases incurred in their duties, five by suicide and one "judicially," attaining, nearly thirty years since, a terrible notoriety by his crimes. The remainder died of various diseases when either prosperous or otherwise. Forty-one died when students, seventeen of phthisis, four (at least) of fever caught in the hospital, whilst two committed suicide.

From these statistics we may glean just what might have been attained by guessing, namely, that a large portion of those who enter the practice of the profession manage to make a little money, or, at least, to pay their way; that a very select few achieve fame (and still fewer fortune); that a few, not many, render themselves infamous, and that a considerable portion become the victims of casualties.

Legislative measures and regulations framed by qualifying bodies can exercise but little control over destiny, as shown in these statistics, excepting as regards that class of students who fail to pass their examinations. The entire question resolves itself, as do most of the others that have been raised at the same Council, into the yet larger subjects associated with the conduct of examinations and medical education. No university nor college can prevent men from attempting to enter a profession for which they are unsuited, nor from

yielding occasionally to sundry deleterious influences; but neglect of students at any particular school of medicine can be discovered and controlled, and waste of time in studying accessory sciences for unnecessarily severe preliminary examinations can be remedied by obvious means. In this way, Mr. Marshall's motion may bring about results, and it is satisfactory to find that it was agreed to, a committee, consisting of Mr. Marshall, Dr. Haldene, and Dr. Struthers, being appointed, at the same meeting of the Council, to carry out the aims of the proposal. The result of its labors will be awaited with interest by the profession.—*The British Medical Journal*.

THE HÆMOSTATIC PROPERTIES OF RAG-WEED.—*Ambrosia artemisiæfolia* (rag-weed, carrot-weed) is an indigenous plant which in the Southern States always follows a wheat crop, and flowers about the middle of August. The plant is used in fevers in Maryland as substitute for quinine, a tincture being made or the juice being given with whiskey. It is very bitter, and is thought to be very useful. It is used as a common domestic remedy for nose-bleed, and according to Dr. J. Hill (*North Carolina Med. Journ.*, July, 1885), it also serves to arrest hæmoptysis. Dr. Hill states that he is familiar with one instance of a man who frequently suffered from hæmoptysis and who always carried a portion of the weed in his pocket; when attacked with hemorrhage he would take a chew of it and swallow the juice with almost immediate relief. He has also employed it himself with success in cases of epistaxis where hemorrhage was so severe as almost to require plugging of the posterior nares. Dr. Hill further reports in full a case of purpura in a child of six years of age in whom bleeding from the nose, gums, and bladder was arrested by a decoction of the rag-weed made by boiling a handful of the weeds in a cupful of boiling water, of which a tablespoonful was administered every half-hour at first and then at longer intervals.—*Ther. Gaz.*

INSANITY IN THE UNITED STATES.—Statistics recently issued show that in 1865 the number of insane persons in the

United States was only 24,042. Five years later it had reached 37,432, and by 1880 treatment was required for 91,959 lunatics. The increase in insanity during the ten years from 1870 to 1880 was nearly 150 per cent., while that of the total population was only about 26 per cent. But these figures do not represent the actual increase, as during the above period a large number of insane persons previously concealed were brought into public notice by thorough investigation. Apart from several large county asylums in the United States, there are 80 State and 40 private institutions for the care of the insane, with a proper capacity for about 40,000, but containing 53,192, thus leaving some 45,000 lunatics to be cared for elsewhere. The proportion of insane is greatest in New England, but the increase has been most rapid in the Western States. In the State of New York there are 35 institutions for the care of these unfortunate people, accommodating 11,343 patients, while it is said that there are 4,090 provided for at home.

EXPLOSIVE PHYSIC.—A list has just been published in the *Union Pharmaceutique* of accidents, which have recently occurred during the preparation or carriage of explosive substances used in medicines. At Strassburg a chemist's assistant was changing some lycopodium-powder from one bottle to another. The particles that escaped mixed with the air. A jet of gas was burning and a slight explosion occurred. The frightened assistant dropped the jar containing the lycopodium, the room was at once filled with the powder, and a violent explosion took place. Chlorate and permanganate of potassium also are dangerous. M. Meyet has stated that tooth-powder composed of chlorate of potassium and cachou has been known to explode in the mouth of a person engaged in brushing his teeth. A druggist who dried some hypophosphite of lime in a receptacle containing sand was killed by its explosion. Oxalate and citrate of lime are also explosive, but only at a high temperature. Pills of permanganate of potassium have been known to explode spontaneously. A mixture of per-chloride of iron and glycerine exploded in the pocket of a patient who carried it. An eminent

chemist of Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and pulverized oxalic acid. He took every recognized precaution, and the mixture was corked up in a bottle. A few minutes afterwards an explosion took place and the bottle was reduced to atoms.—*British Med. Jour.*

ANCIENT ANÆSTHETICS.—M. Haureau, at a meeting of the Académie des Inscriptions, read a paper on the anæsthetics used in surgery among the ancients and during the Middle Ages. In a manuscript recently discovered, Abelard attributes the deep sleep which fell on Adam when he was robbed of a rib to the effect of anæsthetics similar to those now used. M. Dagneau, in his studies to discover what were the anæsthetics in the twelfth century, has observed that passages from Pliny, Dioscorides, de Hugues, de Lucques, and others, bear evidence that in ancient times and the Middle Ages there were three kinds of anæsthetics employed by surgeons. One kind was applied locally, others administered internally or inhaled. Mandragora and opium were administered as potions previous to operations, others of a more complex kind were used for inhalation. Non volatile vegetable substances entered into their composition, which suggests that they were not very efficacious.—*London Medical Record.*

THE ELASTIC BANDAGE IN STRANGULATED HERNIA.—The elastic bandage is so decided an improvement on the old-fashioned truss, and is so simple a contrivance in itself, that it is a matter of surprise that its palpable advantages should not have been recognized sooner. Though preferable to the truss in every form of hernia, it is especially in the strangulated form that the bandage renders priceless services. Jakowlew regards the application of the elastic bandage—next to an operation—as the most effective method of eliminating an incarcerated hernia, and speaks with confidence of its usefulness, even after the failure of taxis (*Centralblatt für Chirurgie*, No. 11, 1885). According to this author there are various modes of origin of an incarcerated hernia, as can be seen in herniotomy, or in an autopsy. Each origin, as far as it can be ascertained,

will, of course, call for a special form of taxis, but the bandage will be equally useful in all cases. The permanent, mild, and uniform pressure of the bandage on the intestinal loop mostly results in either pushing the intestinal contents backward into the afferent or onward into the efferent portion of the loop, removing the strangulation in either case. Experiments on the cadaver have amply proven these results. The danger of gangrene is to be cautiously guarded against; persistent, violent, or even considerable pain is sufficient cause to discontinue the bandage. If, after the use of this bandage for ten to twelve hours, no symptoms of improvement appear, the uselessness of this treatment must be acknowledged, and other means resorted to. Jakowlew reports the successful employment of the bandage in five cases out of six, though in some cases grave symptoms and failure of taxis had preceded.—*Ther. Gaz.*

The effectiveness of the following mixture in keeping off mosquitoes is vouched for by *The Angler*:

Three parts olive oil.

Two parts oil of pennyroyal.

One part glycerin.

One part ammonia.

To be well shaken before applying to face and hands. Avoid getting the mixture into the eyes.

A correspondent thus writes: "Regarding the native treatment of diseases in India, one of the most curious things I ever witnessed was a half-clad native shouting through the streets of a country town: 'Does anyone want back his sight?—one rupee only!' as if he were hawking fruits or sweetmeats; and to my astonishment, a patient soon presented himself to be operated upon for cataract. There and then standing in the bazaar, the itinerant oculist took out his penknife and performed the operation within a few minutes, bound up the man's eyes, telling him to keep in the dark for a fortnight, received his fee of one rupee, and shouted his war-cry for more patients. The operation was almost unvaryingly successful; one instance among my servants being a woman of eighty, who had charge of my fowl-house, and had for many days been sightless, except to distinguish light

from darkness, and who in this way was successfully operated upon."—*Chambers Journal*.

THE KLEPTOMANIA OF PREGNANCY.—*The Lancet* makes this sensible annotation upon an interesting subject: "A lady, the wife of a merchant, was lately charged before Mr. D'Eyncourt with shoplifting. Her physician deposed that he should not consider her morally responsible for what she had done, as she was near her confinement, and in a peculiar condition. Her brother-in-law deposed that he had lately noticed a change in her. On these grounds, the prosecutors not pressing, the magistrate allowed the case to be withdrawn, remarking that had not the accused been so near her confinement he should certainly have sent the case for trial. We are not disposed to quarrel with this decision. Moral obliquity is sometimes certainly associated with pregnancy, and the ordinary motives for unlawful annexation were here undoubtedly absent. Distinguished persons, whose sex debars them from this explanation, have been chronically afflicted with this disease, and yet have never found themselves in the durance to which they have felt it their duty to sentence others who merely took things which they required. The subject is a difficult one, but we should be glad to see reports of kleptomania among the poorer classes who often inherit a strong tendency to thieving, recognized as such and treated accordingly."—*Medical Record*.

MOVEMENTS OF THE BRAIN.—Professor Luys, in a recent communication to the Academy of Medicine in Paris, claimed to have discovered a mobility of the brain within the skull, independent of respiratory and circulatory influences, and much greater than anything of the kind previously recognized. He stated also that a free space existed between the surface of the brain and the inner wall of the cranium. Prof. Venturi's attention has been directed to the same subject, and in part he confirms the position held by Professor Luys. Prof. Venturi's opinions are derived from one pathological observation, and from various post mortem experiments. In an epileptic who died, one part of the skull, which in general was rather thick, was

found thinned and translucent. This corresponded to an enlarged Pacchionian body; but was much larger than it in extent, though in depth closely agreeing with the height of the body in question. The height of the Pacchionian body was three and one half millimetres; the depth of the excavation in the skull was three millimetres. The excavation was somewhat longitudinal in form, and was about one and one-half centimetres across.

The author's account of the dimensions is obscure, but this is probably his meaning.

This case led to some experiments to determine the following points: 1. Whether the brain in the cadaver moved; 2. Whether in the various positions of the head there was a free circumcerebral space; 3. The mechanism of the movements, if these were found to be present. The experiments were carried out by making small openings in a different part of the skull in each of four dead bodies. The relative position of the cranium and of the membranes, or of the cerebrum, or of all three, was determined by pins; and then the head was placed in various positions. The result would seem to be that not merely is there movement of the brain within the dura mater in accordance with gravity, but there is also a movement of the dura mater in the same direction. The author does not find any evidence that during life there would be a free circumcerebral space.—*London Med. Record*.

THE DIAGNOSIS BETWEEN INDURATED CHANCERE AND HERPES.—It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Journ. de Conairs. Méd.*) to the fact that when a herpetic ulcer is pressed between the fingers, a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure.

When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized oedema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*Brit. Med. Jour.*

HOW TO REMOVE A PLASTER BANDAGE.—

Dr. G. Krosz, according to the *Medical Record* of July 18, 1885, writes that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the efforts to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

CÆSARIAN SECTION BY AN OX.—The following case is probably unique in medical literature. My memory is refreshed from notes taken by Dr. Means, who saw the case with me in consultation:

Mrs. Piskulla, aged 34, the mother of seven children and near full term in her eighth pregnancy, on November 16, was gored by an infuriated ox. The horn of the beast entered at the anterior superior spinous process of the ilium, and made a rent extending to the umbilicus, and involving both the abdominal parietes and the walls of the uterus. The child was extruded through the wound in half an hour after the occurrence of the accident. When I arrived on the scene, I found the child fully delivered, but remaining attached to the cord, which I ligated and severed. There being no dilation of either the os uteri or the vagina, I delivered the placenta through the rent and applied a bandage. The patient was almost lifeless from

hæmorrhage and shock, and I placed her on morphine and whisky. On the following day she was still alive, and Dr. Means was called in consultation at 9 A. M. The small intestines escaped from the wound on the removal of the bandage, and were returned with much difficulty. The wound was now closed with interrupted sutures, a carbolized compress was applied, and the morphine and whisky continued internally. At 5 P. M. of the same day I found the pulse 130 and respiration 25 per minute. The abdomen was greatly distended, and the vital powers were fast becoming exhausted. On the following morning I found on my visit that the woman had expired at 10 o'clock of the previous night.

Shakespeare speaks of Macbeth as having been torn from his mother's womb by a wild boar, but probably the statement must be charged to poetic license. I believe the case I have above reported to be the only authentic case of Cæsar section performed by a beast, on record. It may be interesting to know that the child suffered little or nothing from the violent and unusual method of its delivery, and is alive to-day, a vigorous and thriving boy.—*Medical Age.*

HEMORRHOIDS.—Dr. T. W. Poole gives vent as follows in the *Canadian Practitioner*:

The Piles! Aha! I knew them well, each feature, though I may not see 'em; old foes, which fume, and fret, and swell and vex and plague my perineum. You blush at mention of a "pile," and would, perhaps, the theme avoid; well then, suppose, to put on style, we call the thing a hemorrhoid. Though bearing an ill-omened name, it seemed as if they might not pain us, when first, as visitors they came, and took up lodging in the anus. But now at each succeeding bout, the pelvic pains appear distincter, and there can be no longer doubt of their relations with the sphincter. You ask me by what obvious signs one may with certainty detect 'em. Well, I can only say that mine are like a hornet in the rectum, which, having wandered from the way, and angry at the situation, stings right and left while yet it may, and tortures one in defecation. "Avaunt! it is a vulgar rhyme." Yet stay, there must be means to cure 'em. Oh yes, if

you but give them time, and meantime patiently endure 'em, There are a thousand cures, you know, all certain, sure, as dead shot candy; 'tis well to buy a score or so, and lay them by to have them handy; and when the hornet's rage is spent, and things assume their wonted quiet, the cure, though it may not prevent, will quietly quell the painful riot.

PERFORATION OF THE SEPTUM NASI.—(Mr. Jonathan Hutchinson, *Med. Times and Gazette*.)—The author states that there exists a general belief that perforating ulcers of the septum of the nose (the cartilage) imply syphilis, whereas he feels sure such inference is often incorrect.

I feel sure that such inference is exceedingly seldom correct. In my experience, syphilis prefers the bony septum and very rarely attacks the cartilaginous portion. The trouble to which the author refers is not uncommon, and sometimes exists without the patient's knowledge. I believe that constant irritation by the finger nail induces death of the perichondrium at a small point on the septum. This slowly extends—the cartilage atrophies—a small perforation occurs, which may occupy many years in reaching $\frac{1}{4}$ inch in diameter. The only annoyance is the presence of small scabs on the unhealed edges, which irritate and cause a desire to blow the nose. Their whole history, appearance, and situation are totally unlike syphilitic perforations. The edges often obstinately refuse to heal under any kind of treatment. A physician who consulted me had during fifteen years' experience of such a perforation in his own case tried every possible method of treatment to heal the edges without avail.—*St. Louis Med. and Surg. Jour.*

THE FUNCTION OF THE THYROID GLAND.—Most works on physiology pass over the thyroid gland with a very superficial mention. It is said to exercise some part of importance in foetal life, no one knows what. In extra foetal life it is said to partially atrophy, and to be merely a useless organ to the adult—rather worse than useless, as in goitre it becomes inconvenient, and sometimes dangerous.

This shows how little we know about human physiology. Recent researches

have shown that the thyroid gland has an intimate and all important relation to the highest functions of man, those of the brain. This fact was first developed by the extirpation of the gland in goitre, a proceeding which, according to the received views, ought to be wholly indifferent to the economy. Such is far from the case. After the total extirpation of the gland, the subjects steadily lose their mental vigor; the features become heavy; the speech slow and dull; the muscular system weakens, and the skin turns rough, thick, and hard; in short, a condition gradually supervenes strikingly like that called by Charcot *myxœdema*, or the pachydermatic cachex. They become *cretins*.

If ever so little of the gland remains, it is sufficient to prevent these changes; but its complete removal entails them. Experiments on dogs and cats yield similar results. The animals do not long survive, but are attacked with convulsions, somnolence, and paralysis, which prove fatal.

Two theories have been advanced to explain these changes. One is that of Leibermeister, who maintains that the thyroid gland is the regulatory organ of the encephalic circulation, and that its abstraction throws this into chronic disorder. The other is that of Prof. Bruns, of Tübingen. He believes that the thyroid is either a depuratory gland which excretes certain substances poisonous to the nervous system; or that it fabricates certain substances indispensable to nervous vigor—which of the two he is uncertain.

The very important practical conclusion remains uncontested, that in all operations for goitre, a small portion of the gland should be allowed to remain.—*Medical and Surgical Reporter.*

DEMAND AND SUPPLY AS APPLIED TO PHYSICIANS.—The constant tendency of our teaching bodies, quite independently of the urging that has come from the profession at large, and the striving of the latter, wholly apart from any demand on the part of the community, toward the improvement in medical instruction, are as gratifying as they are evident. We believe that within certain limits the matter may safely be left to these agencies. Therefore we have never looked upon proposed legislative enact-

ments bearing upon it as quite the panacea that their authors have seemed to believe them. We have insisted that a uniform standard of the qualification to practice, whether high or low, was impracticable under existing circumstances. If too high, it would reduce the number of practitioners below the force needed in a sparsely settled country; if too low, it would not meet the fair demands of the older sections.

That the first of these contingencies is not altogether imaginary, is beginning to be found out even in so compact a community as that of England. The *Medical Times and Gazette*, of London, lately said:—

"Assuming for a moment what might perhaps claim to be more than a mere assumption, that the well meant strictness of the Medical Council is really cutting off the supply of qualified practitioners in poor and distant neighborhoods, and throwing their inhabitants into the hands of quacks and herbalists, who is to warn the Council of this result?"

It is doubtless a source of annoyance to a man who has spent all the time and money that could be spent to advantage in attaining to a thorough mastery of the medicine of the present day, to be classed by the community only as one among little short of a hundred thousand possessors of the degree of M. D., and it is no less an annoying and humiliating circumstance that foreign critics almost invariably hold up our weaker educational institutions as specimens of what we are able to produce. All this is inseparable from the young and undeveloped state of the country, and it should be endured with resignation, as a sort of sacrifice to "the greatest good of the greatest number."

It has often been said to our discredit, and often complained of by the unsuccessful among us, that the proportion of the medical body to the population was far in excess of what was to be found in other countries. We have before expressed the conviction that this excess had not the same significance that it would have in a densely populated country, and we believe that the great numbers of "young doctors turned out" every year, as the phrase runs, are not an unmitigated evil.—*N. Y. Medical Journal*.

HOW SHALL THE PRACTITIONER DISINFECT HIS HANDS?—A thoroughly efficient disinfection of the physician's hands is more than matter of personal cleanliness; it is an absolutely required, though often neglected protection of his own person and safety of his family, friends, and patients. There being no dissenting voice as to the necessity of this by no means irksome precaution, the only question that can arise in this respect is, what method of disinfection insures the greatest success? The present state of bacteriology must convince even the most sceptic and conservative physician that soap and water exercise not the slightest influence over the microbial organisms and that the true antiseptic agents have to be resorted to.

Forster, of Amsterdam, made some special researches in this field (*Pharm. Centralhalle*, May 28, 1885) with the view of ascertaining the relative worth of carbolic acid, boric acid, chloride of zinc, and iron. He gained the conviction that the ordinarily used two and one-half per cent. solution of carbolic acid, and even Billroth's plan to wash the hands in muriatic acid and ten per cent. phenol in glycerine, was insufficient to sterilize the hands,—i. e., prevent microbic growth on them. The only procedure which Forster found absolutely reliable was the one recently recommended by Koch, of Berlin, which consists in a solution of corrosive sublimate having a strength of 7 to 15 grains to 2 pints of distilled water. The simplicity of the manoeuvre and its unquestionable prophylactic power will go far to recommend Koch's wash to the American practitioner.—*Ther. Gaz.*

ALTERATIONS OF THE TEETH IN MORPHIA HABITUES.—According to M. Combe, (*Revue de Thér. Médico Ch.*, 1885, No. 7), the abuse of morphia produces well marked changes in the teeth. The tubercles of the molar teeth are destroyed, and a deep excavation is formed in their place. In other cases, the caries begin near the edge of the gum. The incisors and bicuspid are surrounded on their anterior and lateral aspect by a narrow groove, similar to that observed in dyspeptic patients with acid saliva. In the canine teeth, the alteration begins at the point, which soon presents a distinct depression.

DEAFNESS FROM DIVING.—Some of the worst cases of deafness that we have ever known were caused by diving. Boys, while in swimming, are apt to indulge in the sport of diving, at a very great risk of losing or injuring their hearing. If they must dive, they should stop their ears with cotton, in order to diminish the pressure of the water against the drum-heads. The number of cases of deafness that have been caused by diving is surprisingly great, and boys cannot be too carefully cautioned in regard to this danger.—*Health Jour.*

CHINESE MATERIA MEDICA.—The *Kansas City Medical Record* for May contains an article from Kate C. Bushnell, M. D., returned medical missionary to China, now living in Topeka, Kansas, from which the following is extracted:

"Some of the articles of the Chinese materia medica are disgusting in composition. 'Night bright sand,' so called because it is dropped by the bat at night, when prepared for use is a dark brown, coarse powder, made of bats' feces, dirt, and other extraneous matter. It is used for a variety of troubles, among them, opacities and ophthalmia tarsi. The natives profess to detect the eyes of mosquitoes, upon which the bat feeds, in this fecal matter, and they administer them internally for eye troubles. The excreta of the common Chinese sparrow is also an ophthalmic remedy."

ROSACIC URINE.—At a recent meeting of the French Congress of Surgery M. Verneuil (*Revue de Chirurgie*) presented a paper upon rosacic urine, the conclusions upon which are the following:

1. The urine sometimes presents, in the wounded and in those undergoing operations, a red deposit adherent to the vessel, recognizable at sight without the aid of reagents, and formed by a particular substance to which may be applied the term rosacic acid.

2. This phenomenon coincides generally with oliguria and concentration of the urine, which are ordinary consequences of traumatism. It is early developed, being apparent soon after the reception of a wound. It is, however, transient, and persists only from one to three days, and rarely disappears during convalescence. It indeed easily escapes

attention, and may require care in order for its detection.

3. It may appear after all kinds of open wounds, interstitial or otherwise, and in patients either robust or delicate, of sound constitution or afflicted with some anterior constitutional disease, and therefore its origin and signification seem at first obscure, but careful examination of its antecedents, the coincidence with other symptoms, and finally results of *post mortem* examinations, establish clearly that it depends upon diverse lesions of the liver, steatosis, amylosis, cirrhosis, chronic congestion, hydatids, and cancer.

4. The hepatic changes caused by alcohol seem to have, more than all others, an influence in causing red urinary desposits under the exciting influence of traumatism, for this symptom is frequently observed in more or less confirmed tipplers, as a result of various surgical accidents and operations.

5. Rosacic urine has therefore a real semeiotic value, inasmuch as it indicates almost certainly a morbid condition of an important viscus—a condition frequently latent—difficult to recognize, and which moreover exerts an influence more or less harmful upon the progress and termination of surgical diseases and traumatic lesion.

6. Its prognostic value is not less important. Doubtless the red urinary deposit is not always followed by accidents to the wounded part, but the gravity of the accidents, if they do occur, are in relation with the extent, degree, and form of the hepatic lesions. Nevertheless, it is of importance to know in advance to what complications those with rosacic urine, when operated upon, are liable. According to M. Verneuil's personal experience, these accidents are consecutive hemorrhage and gangrene.

7. To prevent as much as possible, or to combat these serious complications, it is necessary to insure hæmostasis and asepsis in the traumatic region by utilizing all modern appliances, and by simultaneous medical treatment before, during and after the operation.

8. Though the therapeutics of alcoholic cirrhosis is as yet little advanced, nevertheless none of its resources should be neglected in wounded habitual drinkers, or in those of them who are to

be operated upon, when their urine exhibits the characteristic rosacic deposit.—*American Journal of Medical Sciences.*

MEDICAL ADVERTISING.—Doctors who want to break loose from ethics and advertise, should remember that unless they carry it to extremes, there will always be some who will make larger displays and thus get ahead of their less pushing competitors, and the modest advertisers will be just as bad off as they are now. "Dr." J. I. Lighthall is now in Peoria, with a brass band, singers, gymnasts, etc., and is said to be taking in over five hundred dollars daily. He has about twenty tents of various sizes, and a large audience tent capable of holding several thousand. He pulls teeth free, and since his stay here must have pulled a peck a day. He is certainly a very speedy extractor. He calls himself the "diamond king," wearing \$30,000 worth of jewels on his person. His watch chain of solid gold is as large as a trace chain; his watch is encrusted with jewels, and is worth \$2,500. We mention these things to show what advertising means by a medical man, and to what extent others must carry it before they can hope to compete with "diamond kings." We do not know by what right he practices, except that he pays a license of one hundred dollars a month.—*Peoria Medical Monthly.*

A CO-ORDINATION CENTRE FOR THE HEART.—Last year, Herr Schmey, in conjunction with Professor Kronecker, conducted an investigation that led to the conclusion that a heart centre existed in animals that regulated the rythmical beat of the heart, and which they denominated the "co-ordination centre for the muscle-clature of the cardiac chambers." Since then Herr Schmey has continued his investigations, carrying them into the human subject. He lately brought his conclusions before the Berliner Physiologische Gelleschaft, to the effect that a co-ordination centre is present also in the human heart, and that it is by paralysis of this that sudden death is produced in chloroform narcosis. Along with other observers, as Snow, the members of the English Chloroform Committee, Ratnoff, and others, he believes that death is

caused by the employment of air overcharged with chloroform vapor, and that the remedy consists in the use of an apparatus that permits accurate measurement of the proportions of air and chloroform vapor. He has invented such an apparatus, simple in construction and workmanship, the employment of which he recommends.—*Medical Press.*

The modern whale-bone corset was invented by Jean Werly a Swiss mechanic, living at Bar-le-duc in France, in 1832. The most interesting medical study of corsets was written by Bouvier and may be found in the *Bulletin de l'Académie de Médecine*, Vol. xviii, p. 355. But the ancients knew all about corsets, and Galen in his book on the "*Causes of Disease*," Chapter 7, speaks of the injurious effects of the *faix mamillares*.

INSPECTION OF THE THROAT WITHOUT INSTRUMENTS.—Dr. Samuel W. Francis, of Newport, R. I., writes (*Med. Rec.*) that very often it is difficult to depress the tongue of a patient who is suffering from sore throat, diphtheria, follicular tonsilitis, or other affections of the fauces, etc., and suggests that they be told to open their mouth, in front of a good light, and simply, but with force, say: *Arrh! barrh!! varrat!!!* LIFE—enunciating each word some few seconds. Dr. Francis has tried this, and not only obtained an excellent view, but the different positions of the uvula and surrounding parts greatly assisted the diagnosis and treatment of the disease.

NORWEGIUM.—This is the name given to another new metal, which is now added to our rapidly growing list of elements. It was discovered by Dr. T. Dahll (*Scientific American*) in examining a specimen of nickel ore from Kragero, in Norway. It is a malleable metal, of white color, with a tinge of brown; it presents, when pure, a metallic lustre, but, on exposure to the atmosphere, becomes coated with a thin film of oxide; its hardness is about that of copper, and its specific gravity is 9.4441. At 350° C. it melts. From its physical properties and chemical reaction, it appears to differ from every other known metal, and Dr. Dahll claims for it a distinct individuality.

EXCISION OF THE LARYNX.—On Saturday, July 11th, Mr. Henry Morris (London) excised the larynx of a man for what turned out to be epithelioma. The patient had been suffering from severe laryngeal symptoms for four years; tracheotomy became urgent four months ago, and, more recently, constant spasm and dyspnoea, due to the pressure of the growth on the upper part of the tracheotomy-tube, had rendered his existence unbearable. The growth was confined within the air-passage; it filled the upper part of the larynx completely, and the cricoid cartilage partially. The larynx was removed by cutting through the thyrohyoid membrane, and the tissue between the cricoid cartilage and the first ring of the trachea. The gullet and pharynx were not opened. The patient has not had a bad symptom, the wound on Wednesday night looked very healthy, and the patient could sleep for seven or eight hours continuously.—*British Med. Jour.*

THE NATURE OF LEPROSY.—Dr. Zambaco has written a memoir entitled "Leprosy as Observed at Constantinople." In a report before the French Academy of Medicine, M. Constantin Paul said that in this memoir the author arrived at the following conclusions:

(1). Leprosy is not an hereditary disease, but is acquired. It may possibly be contagious, but neither clinical observations nor experiments upon man or animals has ever proved its contagion.

In accepting the view that the leper contracts the disease only through contagion by receiving bacilli into his organism, it does not follow necessarily that he spreads the disease about him easily or that he becomes formidable. The negative clinical investigations and the failures of inoculations show in every case that the disease is not easily transmitted, and that there is only a certain proportion between the possible chances of contagion and the severity of the measures taken against lepers in the East.

(2). At Constantinople, as in Norway, lepers are attacked with disease of the eye in the proportion of two-thirds or three-quarters. The cornea, iris and crystalline lens are attacked particularly, with the difference that the tubercular

form announces itself most frequently by a keratitis, while the anæsthetic form changes the conjunctiva and cornea by reason of the orbicular paralysis which prevents restraint of the tears.

(3). The treatment consists of a combination of general treatment with such tonics as quinine, arsenic and ergot, and local treatment by the destruction of the tubercles by means of the thermo-cautery.

The Academy thanked the author, and recommended the publication of his memoir, besides which it was voted to enter his name favorably on the list of candidates for the title of corresponding member.

ARNICA.—Introduced, probably, from German popular, rather than professional use, in a time when popular faith could be put in a plant that was good for accidents, it has maintained a place and obtained a promotion to which it was probably never entitled; or, rather, in all this half century or more of progressive scrutiny and observation in regard to medicinal substances, nothing that is at all definite can yet be said in regard to the utility of arnica. Immense quantities have been, and still are used in various pharmaceutical forms, with no more definite or exact knowledge than that it is popularly believed to be good for sprains and bruises. And it seems to be good for them on the general principle that there is no knowing how bad they would be if arnica were not used upon them.—*Squibb's Ephemeris*.

A WASH FOR INSECT-STINGS.—The following is advocated as a remedy for the stings of insects: Tincture of tobacco, 200 parts; boracic acid, 6 parts; salicylic acid, 12 parts; carbolic acid, 6 parts; oil of melissa (balm), 1 part.—*Australasian Chemist and Druggist*.

TOBACCO WORKERS FREE FROM CHOLERA.—"In Valencia, Spain, which is now being decimated by cholera, there is a national tobacco factory, employing 4,000 women, not one of whom has been affected by the disease." We believe that fact was also noticed in Amsterdam, Holland, during a cholera epidemic. Those employed in the handling of tobacco, as cigarmakers, enjoyed a singu-

lar immunity from the cholera.—*Med. World.*

REVIEWS OF NEW PUBLICATIONS, &c.

MANUAL OF PSYCHOMETRY—The Dawn of a New Civilization. By Joseph Rodes Buchanan, M. D. 500 pp. Price by mail, \$2.16. *For Sale by the Eclectic Publishing Company.*

The above is an extraordinary title, suggesting the "dawn of a new civilization," and it is the title of an extraordinary book. Our readers know the scientific standing of Prof. Buchanan, and the profound original physiological discoveries for which the world is indebted to his genius and untiring labors for half a century. When such an author brings forth a volume with the claim that it embodies discoveries which may be the dawn of a new civilization, it demands more than ordinary attention. We shall endeavor to show, as briefly as possible, what it teaches and what are its claims.

The work is in three parts. Part 1st gives a history of the discovery and cultivation of Psychometry, showing how it was reached by discovering the organ of sensibility in the brain, and by experiments demonstrating that a large portion of the community are sensitive enough to feel the influence of medicinal substances held in the hand, and even to taste them. These experiments were carried farther, and proved that a considerable number possessed sufficient sensibility to feel the influence of the human constitution in its healthy or diseased conditions, and thus make a correct diagnosis. When this was discovered, the word Psychometry (which means soul measuring) was adopted as the name of the science, in 1842.

To physicians this is a work of the highest importance. The chapter on Psychometry in medicine illustrates by experiments the philosophy of Homoeopathy and Allopathy, the philosophy of contagion, and the principles of diagnosis. It shows how professional success is attained, and how the skillful physician may diagnose the condition of patients at a distance whom he knows only by correspondence.

In addition to biographical, medical, and geological science (all of which are

essentially changed and enlarged by Psychometric investigations), this volume shows a great many practical applications in the study of character, in determining the destiny of the young, in forming conjugal and business associations, in selecting candidates for important offices, and in determining questions of guilt or innocence. But the limits of our notice are quite insufficient for giving an idea of the multifarious contents of this curious work. We can but assure the readers that it is intensely interesting as well as marvellous. The scientific reader feels as if he were transported to a realm of romance, yet all is presented in the form of simple scientific experiments which have been repeated a hundred thousand times, and which invites the reader to repeat them for himself.

No one can read this volume in a candid spirit without feeling a conviction that the author has opened up a new and wonderful world of science, and on physician can read it without gaining very important ideas concerning diagnosis and the action of medicines.

URETHRAL STRICTURES: Tabular Statistics of One Hundred Cases Treated by Electrolysis, Without Relapse. By Robert Newman, M. D. Reprint from the *New England Medical Monthly*, 1885.

ATMOSPHERIC PURIFICATION. By David Prince, M. D. Reprint from the *St. Louis Med. and Surg. Jour.*, 1885.

AN ACCIDENTAL DIVULSION OF A PTERYGIUM Leading to an Improvement in the Regular Operation. By A. E. Prince, M. D. Reprint from *Archives of Ophthalmology*, 1885.

SOME INTERESTING REFLEX NEUROSES, with Treatment and Comments. By John J. Caldwell, M. D., Baltimore, Md. Reprint from *Virginia Med. Monthly*, 1885.

INDIANA PHARMACEUTICAL ASSOCIATION. Proceedings at the Fourth Annual Meeting, May 12-13, 1885.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA. Thirty-eighth Annual Announcement, season of 1885-6.

AVENA SATIVA; its Preparations and Compounds. By B. Keith & Co., 75 William St., New York city.

MISCELLANY.

THE NATIONAL ASSOCIATION AT ATLANTA.—President Piper has issued the following as a reminder to Eclectic physicians: The National Eclectic Medical Association will hold its sixteenth annual meeting at the city of Atlanta, Georgia, June 16, 17, and 18, 1886. Many of the most progressive and energetic physicians of the northern States have already signified their purpose to attend, and the general sentiment in our ranks affords promise of the largest and most enthusiastic gathering of any that we have had. Every physician who believes that professional qualifications, and not the partisan tests arbitrarily enforced with the help of anti-republican legislation, should be the only passport to professional standing, is earnestly desired to cooperate.

The following will constitute the local Committee of Arrangements: Drs. Wm. M. Durham, S. T. Biggers, A. D. Johnston, W. A. Smith, W. Fisher, M. C. Martin, Mr. W. H. Phillips and Mr. Geo. T. Ogletree.

Every auxiliary State Society is entitled to fifteen delegates. These are in addition to those who are already permanent members of the Association. Each local society is also entitled to two, as well as the colleges of Cincinnati, New York, Chicago, St. Louis, Oakland, Atlanta, and Indianapolis, now formally recognized. Every such delegate must be a graduate in medicine or a reputable practitioner of fifteen years' standing; and he will be eligible as a candidate for permanent membership.

Blank certificates for credentials of delegates have been prepared by the Secretary, and will be issued on application to the secretaries of auxiliary societies.

The Mutual Aid Society of the National Eclectic Medical Association, which was organized at Altoona, will hold its annual meeting at Atlanta on the evening of the 16th.

Application will be promptly made for reduced rates for travel on the several railway lines, with little doubt of success. Eastern members will find it

pleasant to take the steamer for Savannah, and thence proceed by rail to Atlanta.

The physicians of the South are already awake and will attend in force. The National Association, they are conscious, represents the *American Practice of Medicine*, and not that naturalized exotic of Bourbon affinities, which arrogates a divine authority and seeks to deprive others of every God-given right bestowed on man. Now that we are to meet for the first time in a Southern State, our friends there will welcome us accordingly.

Atlanta is cooler than New York, Boston, or Philadelphia. It is one of the most healthful, prosperous, and enterprising cities in Georgia; and the home of Eclectic Medicine in the South. We are invited thither to meet as brothers, and are assured of a royal reception.

H. B. PIPER, M. D.

President.

Tyrone, Pa., Sept. 1, 1885.

MUTUAL AID SOCIETY OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.—At the annual meeting of the National Eclectic Medical Association at Altoona, Pa., in June, 1885, the Constitution and By-Laws of the Mutual Aid Society were duly adopted, and officers chosen, with authority and instructions to make all necessary arrangements to put it into successful operation. The object is to maintain a society for mutual aid for the benefit of the families of Eclectic physicians, at the least possible expense consistent with its efficient management. All persons now members of the National Association, who are in good bodily health, are eligible, and others duly presented by the Secretary of the Eclectic Medical Society of the State in which they reside as suitable in all respects for membership. When the one hundred subscribers shall have been obtained, each of them will be required to pay the initiation fee of five dollars, and the Society will thereupon go into full operation.

S. B. MUNN, M. D., President,

Waterbury, Conn.

ALEXANDER WILDER, Sec.,
Newark, N. J.

CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.—The semi-annual meeting of

this Association will be held at the United States Hotel, Hartford, on Tuesday, Oct. 13th, 1885.

DR. WARBURG IN POVERTY.—Dr. Warburg, originator of Warburg's tincture, is eighty-one years of age, and is very poor. Had he kept his preparation a secret, he might now be rolling in wealth, instead of suffering the inconveniences of poverty.

A VERY WISE ONE.—The other day a western woman went into a shoe store to buy a pair of shoes. The clerk was in the act of sprinkling some chalk-powder inside, so they might slip on easily. She glanced furtively at him, and remarked: "I know what you are doing." The genial clerk smiled acquiescence. She slid towards the door, and said in tones that startled his nerves: "You can't chloroform me, mister; I was fooled once before, and I'm blamed if I'll be again." And she left without the shoes.

HYDROLEINE.—It is claimed that this preparation furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds ten times the same bulk of cod liver oil. We have prescribed it in a number of cases with highly satisfactory results.

THERAPEUTIC SARCOGNOMY.—We have a few copies of this book on hand. The present edition is almost exhausted, and a second edition will not be issued in the near future. The valuable information contained in this work is not to be found elsewhere in print.

An Irishman complained to his physician that he stuffed him so much with drugs that he was sick a long time after he got well.

CELERINA.—I have prescribed Celerina for Impotency, and it has done *all*, and more than all other remedies. I confidentially recommend it to the profession.

W. M. REED, M. D.

Agosta, Ohio.

"MY DEAR," said a husband in sepulchral tones, after awakening his wife

in the night, "I have swallowed a dose of strychnine!" "Well, then, for goodness sake, lie still, or it may come up!"

PHILOSOPHY is something that enables a person to bear with resignation the misfortunes of others.

H. T. HEMBOLD, the once well known patent medicine man, will re-establish his business in New York city. He was recently released from the Norristown Insane Asylum, where he has been under treatment for several years.

DOCTOR: "Tell me exactly what your condition is. Do you have night sweats?" **Patient:** "Yes, almost every night." **Doctor:** "My dear sir, this begins to look serious. About how long do they last?" **Patient:** "About as long as I have to carry the baby up and down."

PRACTICE FOR SALE.—A good house and two acres of land with necessary out-buildings, all in good repair. No other practitioner in the place. The ride is quite hilly, but the pay is good. A first rate chance for a young physician. For particulars address J. S. Akelley, West Fulton, N. Y.

THE MEDICAL ADVOCATE.—In our next issue we shall introduce new features, and make other improvements that will very much strengthen our Journal.

A popular physician was much pleased with a certain aerated water, and by his assiduous recommendations procured for it a celebrity it justly deserved. The doctor acted solely in the interests of humanity generally, and expected no return. To his surprise there came one morning an effusive letter from the company, stating that his recommendations had done them so much good that they "ventured to send him a hundred—". Here the page came to an end. "This will never do," said the doctor; "it is very kind, but I could not think of accepting anything." Here he turned the page, and found the sentence ran—"of our circulars for distribution."

JENSEN'S CRYSTAL PEPsin.—Send a postal-card to 2039 Green St., Phila., Pa., and receive a package of this preparation, free to readers of the *Advocate*.

The Medical Advocate.

VOL. VII., OLD SERIES, {
VOL. II., NEW SERIES. }

NEW YORK, OCTOBER, 1885.

No. 10.

Serious Forebodings Regarding the Welfare of Mankind.*

BY

RICHARD E. KUNZE, M. D., Pharm D.

NEW YORK CITY.

"Nemo bene judicat quod ignorat" (Nobody judges well what he ignores.)

On the commonly accepted theory that history repeats itself, and taking into consideration the earliest prognostications of the peoples of the European continent, it is not saying too much that we are now on the eve of a great pestilence. In this opinion candid astronomers of our own time fully concur.

ASTROLOGICAL PREDICTIONS.

Astrologers tell us, and leading astronomers do not refute it, that during the conjunction of certain planetary bodies, and, as the former claim, more particularly those accused of exerting a malefic influence toward our globe, these events are always productive of serious cosmic disturbances.

According to astrological inferences, Mercury, Herschel, Mars, and Saturn are evil planets, and they exert a malefic influence in certain conjunctions or aspects with other celestial bodies. And astrological authority also informs us that when great planets are in their *perihelion* with the sun, which occurs at stated periods, they being then so much nearer to that orb than our globe is at the same time, of necessity must draw much more heat and magnetism unto themselves, and which deprives our earth of its full share, to the detriment of organic nature. All of our most noted epidemics have occurred at the period of these *perihelia*. In all probability the sanitarians of the next century will give their undivided attention to this subject. Further on I shall quote the opinion of a noted astronomer on the same subject.

EFFECTS OF MAGNETIC VARIATIONS ON OUR GLOBE.

These widespread barometric depressions, due to such great disturbances of the earth's equilibrium, are accompanied by terrific hurricanes, tornadoes, or cyclones, which devastate large tracts of country. These are followed sometimes by great tidal waves engulfing whole islands and large tracts of exposed seashore, often causing much loss of life and destruction of property both on land and at sea. On the other hand, witness the many and sudden upheavals of the crust of the earth in widely-separated districts and countries. From earthquakes alone, which have occurred within seven or eight years, hundreds of thousands of human beings found an untimely grave.

Again we have unusually hot and tempestuous typhoons or monsoons blowing over the Pacific Ocean, which make life anything but safe on shipboard in that part of the world. Simultaneously with the foregoing, the world has suffered repeatedly from inundations, which laid waste immense tracts of country, destroying crops, and inviting famine. Then again those flooded areas are exposed to the secondary danger resulting from malarial poisons caused by the exposure of this new alluvial soil to the heat of our great solar orb. And inasmuch as misery likes company, so the trials and tribulations of all mankind never seem to come to an end.

The fearful and sudden loss of life which accompanies all such catastrophes, very naturally taxes the energies of those left to inter the dead. Hence it is, that of necessity all such burials are conducted in a hurry, and as a result therefrom we frequently get pestilence, and a still greater destruction of life follows in the wake of previous disasters. The pollution of the air, soil, and water offers every facility for plagues.

Let us then calmly review the past as handed down to us from ancient and reliable chroniclers, so that we may better comprehend the near future, and be-

* Read before the Eclectic Medical Society of the State of New York, Sept. 9, 1885.

cause the evidence of a coming plague is now at our threshold.

PRECURSORS OF PLAGUES AND DISASTERS AS CHRONICLED IN ANCIENT TIMES

Pestilential diseases, from the decline of Rome up to a more recent period, were usually preceded by such natural phenomena that they attracted the notice of contemporaneous annalists, who preserved for us a record of these strange occurrences. Earthquakes, the caving in of mines, inundations, comets, lurid skies, northern lights, and other strange appearances preceded the approach of epidemics, which spread fear and consternation among all nations. As possible precursors to epidemics, the habits of animals, according to high medical authority, were closely studied as an indication of future diseases. It was said that serpents shunned their usual places, and birds, instead of flying by day, went in flocks at night, on account of atmospheric corruption. Comets were regarded as "incendiary clouds," and they performed an important function in prognosticating pestilences or other disasters.

In those days, even an eclipse was coupled with sinister prognostications. In the latter part of the seventh century, the yellow plague, which almost denuded England and Ireland of their population for a period of twenty years, was on the first of May preceded by an awful eclipse. Whether this pestilence was a kind of putrid, bilious fever or something else does not concern us. But it was unlike that which raged seven centuries later, and was called the *black death*, because many of the corpses immediately after life had fled turned black. And it was in Denmark where this last great plague received this ominous name.

When during the sixth century the entire Roman Empire was visited by a pestilence, this was preceded by the usual signs. These were produced, as since computed, by the perihelion passage of one or two great planets. A curious circumstance was connected with this last epidemic. Austregild, the Duchess of Burgundy, fell a victim to the scourge in the year 582. There existed at that time an ancient Teutonic law, authorizing surviving kinsmen to pass judgment upon the medical attend-

ant of a defunct. Prior to her death, the Burgundian Queen accused the physicians of administering potions intended to deprive her of life. After the performance of the obsequies, the stern and sorrowing consort had her surgeons slain in conformity with that ancient custom.

During the close of the ninth century, one of the plagues existing in Germany was traced with unusual discrimination to the putrefaction of untold millions of dead locusts. The Roman epidemic of the year 1167, although generally charged to diabolical provocation, arose from malaria or impure air. Some of those pestilences confined their destructive agencies to the glandular system of the male sex, women offering greater immunity. For this reason, women had to travel long distances to find husbands when the plague was over, and elopements were of less frequency than in the nineteenth century. Frequently the accurate judgment of medical philosophers was able to predict the approach of dread diseases on account of the atmosphere indicating an unusual impurity. This happened in the year 1191, when for sanitary reasons the Emperor of Germany, on the 14th of April, withdrew his forces into the mountains.

BEGINNING OF THE GREAT EUROPEAN PLAGUE

A pestilence which swept through the provinces of Northern Italy in the year 1347, caused great consternation and a terrible destruction of human life. Regarding the origin of this plague, Dr. Richter, the Russian compiler of the History of Medicine in the Czar's dominions, says that, judging from the archives examined, there is but very little doubt that it was originally carried West from China direct, although it entered Europe from the Mediterranean border. Yet Russia had always carried on trade with the Tartar country, and at that time the Tartar dynasty extended up to within the limits of China. A French chronicist, Mezeray, states that a terrible pestilence broke out in China in the year 1346. This happened after the atmosphere was suddenly corrupted by a sickening odor or fumes apparently rising from the soil. Chinese annals attest the same phenomenon.

In Venice its approach was announced

by a series of earthquakes, commencing on the 25th of January ensuing. For a period of fifteen days, repeated shocks overturned numerous public edifices and shattered into fragments three enormous bell towers. This plague of 1348, which seemed to spread from the Ottoman Empire in trading vessels to Italy, was of the most malignant type. Venice and Florence each lost 100,000 inhabitants! Naples lost 60,000, Sienna 80,000, and Genoa 40,000 of its inhabitants. It has been asserted, that during this epoch Europe was decimated to three-fifths of its population. The chronicler Repdorf says, that in Marseilles so many men perished as to leave the city actually uninhabited! The island of Cyprus was left uninhabited.

Barnes, the English historian, says, that in the Turkish possessions this plague carried off 23,840,000 lives, leaving barely one-tenth part of the population to tell the tale. In two years Germany lost 2,244,000 people. Dr. Guy de Chauliac claims, that in France only 25 per cent. of the inhabitants survived that pestilence. In Spain, it raged dreadfully, more particularly in the province of Andalusia. When it reached London in 1348, that city and others of England were equally so decimated. Denmark, Sweden, and Norway were visited in a similar manner up to 1350. In Schleswig, only one-fifth of the population remained. In Westphalia, not enough were left to bury the dead. In Erfurt, situated in Thuringia, eleven deep trenches, containing each one thousand corpses, materially assisted in burying the dead; and similar horrors were enacted everywhere.

Immediately after the brief but decisive campaign against the Poles, anterior to the year 1350, the same pestilence also broke out in the more obscure places of the German Empire. In those regions, the approach was heralded by the most sombre and unnatural phenomena, such as incredible famine, forcing human beings to eat herbs, similar to beasts, inundation of many cities and towns, while in the same year an unprecedented drouth was followed by storms of such deluging rainfall as to sweep away entire villages.

It broke out in Russia during the years 1351-52, where it lingered on and off until 1386. In Smolensk, at that

time one of the oldest and largest cities of the empire, only ten souls remained alive.

Before the plague of 1348-1350, which for three years raged continuously, broke out in England, it was there preceded by unusual events, which in this instance were incessant rains for three or four months. The last of the great pestilences, which for an intermittent period of twenty years scourged the people of England, began in the year of 1369. This, too, was presaged by incessant inundations, and an almost total destruction of the grain crops.

Russian and French chronographers say that this pest was generally ushered in by a chill, high fever, and followed by pulmonary hemorrhage, developing afterwards into a kind of typhoid pneumonia. When subsequently this plague reappeared, the disease seemed to spend its force on the glandular system, attacking the cervical, axillary, and inguinal regions. Sometimes malignant pustule or carbuncular disorders accompanied it.

HEBREWS BETTER ACQUAINTED WITH SANITARY MEASURES.

Superior sanitary precautions carried out by the Jews materially enabled them to escape the destructive energies of the great plague that raged about the middle of the fourteenth century, which apparent exemption stirred the envious rage of their Christian enemies. Popular frenzy seized upon the horrible suggestion that the Jews were chargeable with its propagation by means of poisonous philters or potions, which the superstitious belief of those times readily embraced. Again, it was thought that the Israelites had poisoned the springs and wells of the land. This aroused the fury of a degraded and terrified populace, and everywhere these inoffensive citizens were slaughtered after the manner of cattle.

MANIAS FOLLOWING IN THE WAKE OF PESTILENCE.

About the year 1349, the singular mania of flagellating, as carried out by a religious order of scourgers without an acknowledged head, made its appearance in that plague-stricken land. They traveled in small troupes, shouting, and torturing their bodies twice a day, thereby supposing that by this organized

system of corporeal flagellation the invocation of the curative powers of divine angelic hosts could be obtained against the increasing pestilence of the day. These flagellants appeared everywhere; they traversed Bohemia and Poland to the east, and went as far as Italy in the south, until this mania was finally suppressed, or, rather, gave way to another equally absurd, that of dancing—an infirmity not unlike a kind of Saint Vitus, as described by some chroniclers, which swept through Germany in 1374.

The various manias were supposed to be the result of a highly disordered state of the nervous system, following the outbreak of that decimating plague which devastated Europe at that time, and continued more or less from 1348 up to 1383. It is stated that music was used with admirable results in the cure of this mediæval mania. The same good results have been observed within a very recent period. In a number of Asylums for the Insane, music has been tried with gratifying success, it exerting a calming and soothing effect on the shattered nervous system. It is of primeval origin. The ancient Egyptians provided music and other pleasant exercises fixing the attention of the insane. Several aboriginal tribes of our southern continent resort to similar means in the few cases of aberration of mind occurring among Indians.

WELL-GROUNDED ASTRAL OPINIONS.

The Jesuit, Kircher, contended that putrid diseases had always prevailed at those times when the planets Mars and Saturn were in conjunction. He therefore inferred that these two planets emitted very deadly exhalations, which affected the air and all terrestrial productions with a putrescent tendency, thus giving rise to the plague, smallpox, measles, and other putrid fevers.

Mr. Fraser, the traveler, while in Khorasan noticed the superstitious belief of the natives in the powers of the celestial bodies, and says that they attributed the ravages of cholera, with which they were visited, to the influence of the star Canopus, which by the Persians and Arabians is called Zohail.

I now deem it expedient to give the opinion of William Lilly, a world-renowned astrologer, who predicted the great plague and fire of London, which

happened in 1665 and 1666 respectively. I will only quote a few lines regarding the disposition of four great planets, which play an important rôle in the horoscope of the universe. Saturn stands accused of causing diseases of long standing, and this superior planet will be in his perihelion, occurring but once in twenty-nine years, in the autumn of 1885. Mercury, whose nature is cold and melancholy, passes through the signs of the Zodiac in 87 days and 23 hours, which constitutes his year. Mars, who is of a choleric and fiery nature, completes his course through the Zodiac in 1 year, 321 days, and 22 hours. Saturn is accredited with a cold, melancholic, and generally malevolent disposition, who terminates his course in 29 years, 167 days, and 5 hours. The next with an evil nature is Herschel, or Uranus, though less so than Mars or Saturn. He finishes his revolution in 83 years, and 151 days. Of planets with a benefic disposition I will not speak, nor of their various aspects with those having a malefic influence.

LUNAR INFLUENCE ON MANKIND.

The influence of the moon in various diseased conditions, particularly those of a pestilential character, has been much remarked by medical men in tropical countries. Dr. Balfour, residing at the time in Calcutta, is generally considered to have satisfactorily established the influence of the moon in cases of fever. He was induced, during a practice of fourteen years in the East, to pay particular attention to the revolutions of that planet in the treatment of these diseases. He found the accession of fever to take place during the three days which either precede or follow the full moon, and he has endeavored to show that at the time of the equinoxes an additional power is added to the lunar influence exercised on the human frame. These opinions have met with support and received confirmation from the researches and practice of Dr. Lind in Bengal, of Dr. Annesley in Madras, of Dr. Bell in Persia, of Dr. Jackson in Jamaica, of Dr. Gillespie of St. Lucia, of Dr. Fontana in Italy, and of Dr. Cleghorn in Minorca. Lord Bacon invariably fell into syncope during a lunar eclipse. The movements of somnambulists are much affected by the condition

of the moon, and some diseases peculiar to women hardly less so.

STATISTICS COVERING THE FIRST HALF OF THE NINETEENTH CENTURY IN BAVARIA.

Dr. Lammert, a Bavarian chronographer of our era, wrote, in 1869, a work on "Popular Medicine and Medical Superstition" of his own country, to illustrate the cultus of those South Germans. In his review of the various epidemics occurring between the years of 1800 and 1850, he also noted that great meteorological changes preceded most of them. And he further says, that when cholera is epidemic, typhus generally disappears or only puts in a sporadic appearance, and vice versa when typhus is in the ascendancy.

During the years of 1800-1814, typhus and typhoid fever, dysentery, variola, scarlatina and other contagious exanthemata frequently broke out. It was recorded that many of those epidemics were preceded by wet and cold summers or severe winters followed by disastrous spring floods. Typhoid fevers repeatedly followed a failure of crops and consequent famine. The year of 1811, was an eventful one long to be remembered on account of its brilliant comet, hot summer, great crops, and still greater epidemic of dysentery, which swept the whole of Europe. Irrespective of the epidemics produced by extreme meteorological changes, there were also those following in the wake of the heavy movements of troops necessitated by the Napoleonic campaigns. In the summer of 1813, destructive inundations took place, and the cold and wet season was followed by a pestilential cattle plague. Between October, 1813, and June of 1814, there were treated in Bavaria 40,000 cases of typhus fever, of which 9,000 persons died.

During the period covered between 1817 and 1828, typhus and puerpural fevers, scarlatina, rubella, and pertussis, whenever epidemic, were usually preceded by a great discrepancy in meteorological conditions. In the year 1824, disastrous floods swept the valleys of the Rhine, Maine, and Danube. Typhus raged in the summer of 1827, which was a phenomenal year for its earthquakes and storms. The year of 1830, with its many hail and rain storms and subterranean commotions, was in turn

followed by outbreaks of typhoid fever, known there as typhus abdominalis.

Up to 1836, when cholera of the Asiatic type, imported from Italy for the first time, broke out, typhus, puerpural and exanthematous fevers, as well as whooping cough, were frequently epidemic. A hot, dry summer and earthquakes preceded the cholera, and northern lights were observed in the autumn. During the winter of 1835-1836, pleuropneumonia broke out among cattle, and variola attacked the people.

The death rate of the Asiatic cholera, which raged from August, 1836, up to March, 1837, amounted to forty-six per cent. Up to the middle of the nineteenth century, typhus, scarlatina, influenza, dysentery, and puerpural fever (in hospitals) appeared here and there in epidemic form. During the years of 1850-1853, typhoid fever for the first time of a well-marked type, raged epidemically only to make way for the second attack of cholera. Up to that time but little of genuine typhoid fever as observed in this country, had been seen in Bavaria.

CAREFUL INVESTIGATIONS OF THESE MAGNETIC DISTURBANCES.

In further evidence of astral forebodings, I now offer the very careful investigations of Mr. B. G. Jenkins, which appeared in the New York *Evening Telegram*, of March 29th, 1879:

"THE PLAGUE AND STARS. HAVE THE PLANETS ANY EFFECT ON EPIDEMICS? Mr. Jenkins' *Cholera Researches—The Outbreaks Between 1816 and 1867—Planetary Movements*—Mr. Jenkins, a Fellow of the Royal Archaeological Society, writes a letter to the *Pall Mall Gazette*, London, under the above heading, which contains some curious remarks. 'About eight years ago,' Mr. Jenkins says, 'I spent many months accumulating information on cholera throughout the world, from 1816 to 1871. I tabulated my results, threw them into the form of a curve, and was surprised to find that there had occurred a great outbreak about every seventeen years, and that these outbreaks took place alternately at maxima and minima sun spots. Certainly the sun spots could not have produced the cholera, for there was a great outbreak when the spots were very plentiful, and the next when they were very few. But that there was a connec-

tion, I felt convinced, and also that they were both in the nature of effects. I suggested in a paper on the subject I read at the time before the Royal Historical Society, that the cause would probably be found in the influence of the planets and in their approach to the sun. There were minor outbreaks which I could not explain; but I felt sufficient confidence in my results to state (see *Nature*, May, 1872) that, as there had been great outbreaks in 1816-1817; 1832-1834, 1848-1850, 1865-1867, we might confidently expect the next in 1883-1884. I left the subject for seven years. Meanwhile I worked at the subject of sun spots, and was rewarded by finding that the average period for these phenomena, for magnetic storms and for auroræ, was 11.9 years, the period of Jupiter's anomalistic year, and that these phenomena were always least when Jupiter was nearest to the sun. I then turned to terrestrial magnetism, and found that the needle of the compass, which at London was moving east up to 1880 and west till 1816, and east ever since, follows the movements of a strong magnetic pole which Sir James Ross found in 1830 in Boothia, but which has now, I hold, traveled west to Prince Albert Land, and has moved at such a rate that it will complete its revolution round the pole of the earth in about five hundred years. On examining the accumulated evidence in regard to the dip of the needle, I found that the magnetic pole must be in the atmosphere over the place where it appears to be in the earth.

"**PLANETARY MOVEMENTS.**—In the midst of this work a little incident occurred which induced me to write to the Registrar General for the number of deaths in England for the last forty years, which he kindly sent me. I immediately found that what I suspected was true; that the number of deaths in England was greatest, on an average, over the whole period, every six years. I threw the numbers into the form of a curve, and under it placed the curve represented by Jupiter's orbit during the same period, and found that whenever Jupiter was at two points equally distant from his nearest point to the sun (corresponding to our September and March) the deaths in England are greatest. (A short paper on the sub-

ject will appear in the next number of the "Proceedings of the Statistical Society.") If this is true for England, it should be true for the death-rate of the world. On examining the curve for cholera over the world from 1816 to 1871, which I drew out seven years ago, I found that this held good. I am at present engaged in examining the death-rate of the world for the last forty years as far as possible. The outbreak of the plague directed my attention to the subject. I examined a magnetic chart of the world, and found that the lines of no declination (*i. e.*, the lines which indicate where the needle points to true north, and therefore the lines in which the greatest magnetic power is manifested) are advancing west, at the average rate of about one-seventh of a degree annually over the regions which are the present epidemic-stricken quarters of the globe—Russia, Persia, United States, Brazil, and Western China. As the magnetic poles advance, these lines advance, and epidemics on man and beast accompany them. On calculating back, I find that the line which is now passing Russia must have passed over that region 500 years ago.

"**THE BLACK DEATH CYCLE.**—This will take us back to the middle of the fourteenth century; and with similar magnetic conditions we have the same epidemic—the Black Death. We know that plague devastated Europe more or less for the next two centuries, culminating in the Great Plague of London in 1665, and, curiously enough, just at the time when a line of no declination was advancing over England. It occurred to me that Neptune might be the cause of the movement of the magnetic pole. On examining the movements of the planet in its orbit, I found that those of the needle varied in accordance with those of that planet while it makes three revolutions. The magnetic poles make an eccentric circle round the pole of the earth. This eccentricity I found was due to some influence of a maximum of about eighty years. On examining the movements and position of Uranus (Herschel), I found that they were such as to account for the anomaly. I have fully detailed the subject in a paper I sent to the Royal Astronomical Society; they have announced it; whether they will have the courage to have it read is

another matter. I will not go into other curious points, especially some relating to the atmospheric change which produces plague, and a possible remedy. In conclusion, I would say that within the next seven years there will happen that which has not happened for hundreds of years—all the planets at or near their nearest point to the sun about the same time. It is true of the earth, that its magnetic intensity is greatest about the time when it is near the sun; the same is probably true of all the planets; therefore we may expect extraordinary magnetic phenomena during the next seven years, and great plagues, which will manifest themselves in all their intensity when Jupiter is about three years from his perihelion—that is, in 1883. It is, says Mr. Jenkins, 'to the intense prejudice educated people have against astrology—confounding the astrology of the ancients and of the scientific men of the Middle Ages with the nonsense of the gypsies—that we are indebted for our ignorance of the origin of epidemics. As Hecker remarks: 'Of the astral influence which was considered to have originated the 'great mortality,' physicians and learned men were as completely convinced as of the fact of its reality.'

So much for Mr. Jenkins, who so bravely comes to the rescue and places Astral Science again in the foreground, where it belongs. Gobel chronicles that from 1350 to 1383, inclusively, the saltatory pestilence devastated many places in Germany every seven years. And this agrees with the investigations of Mr. Jenkins regarding the planet Jupiter, and which holds good for all time to come.

ASTROLOGERS WITH AN ANCESTRY.

This paper is not calculated to dip into Astral Science, with which I am unacquainted, and have neither the time nor patience to follow except in so far as it affects generalities. But it is the duty of every one of us to accept the best of every theory, in order that we may carry out the soundest doctrines of Eclecticism.

We have in this City astrologers who punctually follow this science, one of whom is Dr. L. D. Broughton, and who claims to belong to an ancestral line of such investigators. He has said and written much upon this, to me, interest-

ing subject. Anyone wishing to more deeply inquire into this occult art, will find in him a genial and kind assistant. But one individual cannot carry conviction to the millions of skeptics surrounding us any more than that "one swallow can make a summer." William Lilly's *Astrology*, by Zadkiel, is a good book to draw inferences from, and Richard A. Proctor's works on Astronomy will guide the novice in the latter department of that science.

OPINIONS OF OTHER PHILOSOPHERS.

I now quote the opinion of another enlightened man, well known for his researches in abstruse matters. I refer to Prof. Alexander Wilder, who furnished me with a copy of an article, which is shortly to appear in "Miscellaneous Notes, Queries and Answers," a magazine published in Manchester, N. H., and which reads as follows:

"One is hardly safe from ribaldry and villainous aspersion, who attempts to treat candidly of astrology. The science was much older than Judæa, and comprised two great divisions: the study of the stars, their phenomena and revolutions, and the influence which they are supposed to exert upon peoples, events and individuals. From Zoroaster to Kepler, a god, angel, or soul was believed to inhabit every star. Since the belief in God, angels, and souls has become dormant and unfashionable, it is still recognized that polarity and magnetism exist in every star and planet, and influence the motion, telluric and atmospheric condition of every other stellar body. It is but a state further to suppose that the health, the mental operations and moral conditions, and so the acts and destinies of men are so affected. The former department of astrology is popularly called astronomy, and has achieved great respectability and honor. The latter, sometimes classified as *judicial astrology* (from *judex*—judge, because in very ancient times the judges were priests and divines) has fallen into disrepute from the habit of men to scorn at what they know nothing about, and the charlatanic utterances and practices of most who profess to pursue the art."

Prof. Wilder claims, that "superstition once meant surviving, standing above the episthêmê or intellection of the philosophers."

MORE RECENT OBSERVATIONS.

On the thirtieth day of last August, it was cabled from London to the *New York Daily Times*, that "the people in the south of Germany were greatly worried by the fact that the rooks had all left their ancient haunts in the spires of Ratisbon Cathedral. The last time they took their flight it heralded a terrible visitation of cholera." We may suppose that on account of their acute sense of smell or possibly instinct, these sagacious birds foreknow from the peculiar condition of the atmosphere, the danger which is in store for animal life. The air preceding plagues always is found to be deficient in ozone.

Ratisbon or Regensburg, formerly one of the most ancient Imperial cities of the continent, is generally visited by cholera when it is epidemic. It was built by the Romans on the left bank of the Danube opposite its confluence with the river Regen, and located in the Upper Palatinate of Bavaria. So long ago as the second century of our era, it already was a place of considerable trade, and being situated near these two rivers has often been visited by epidemics.

During the present year, the discovery was made, that ozone has a blue color, which accounts for the azure appearance of the sky. During all epidemical periods accounted for, we have been told that on such occasions the color of the heavens changes to a leaden hue, certainly to a much duller shade of blue than it should have been. Does this not account for the great deficiency of ozone then present in the atmosphere?

Astronomers have tried hard to account for the red color of the sky, so noticeable during sunset on a clear day for the last two years, and so far have failed to solve the problem. It is not the light of the Zodiac nor the volcanic or cosmic dust supposed to have drifted westward from the volcano on the island Krakatoa, near the coast of Java, from which eruption in August of 1883, the geography of the Strait of Sunda was entirely changed, and one hundred thousand lives were sacrificed to the fury of the elements. How that color originates is still a vexed question. Red or lurid skies have heretofore preceded all unusual phenomena, and to me it looks like a repetition of great cosmic disturbances yet to come.

After drawing comparisons and making possibly a few deductions, who then will say, that we are not on the eve of great events, and that, too, in the near future? Is further logic necessary to explain the march of the plague, which now threatens the entire world? I hardly think it is.

When great planets, as we have been told, are in conjunction and one of them attracts a greater share of the sun's magnetism and heat, thereby depriving our much smaller orb, the earth, which is at a much greater distance from the sun at that perihelion period, of her allowance of magnetism—then it does seem that a great change of polarity must be the result. Hence, during these frequent conjunctions of other superior planets for the past few years, and notably so now, much of the terrestrial magnetism so conducive of an equilibrium of the elements, has been withdrawn from the surface of this globe. In consequence, as I fully believe, we have had those great terrestrial disturbances already spoken of.

And for similar reasons, *i. e.*, the loss of so much of the earth's magnetism, diseases of a pestilential type are much more fatal than during the time when the heavenly bodies are in a more harmonious relation to one another.

Witness the great death rate which has followed pulmonic, intestinal, and exanthematous diseases for the past few years. Thus we may account for the great typhoid tendency of some of the diseases referred to. From the loss of so much magnetic force it naturally follows that vegetable as well as animal life must suffer, and that all the untold miseries to which flesh is heir, will put in an unwelcome appearance. Already has this country had its epidemics of Yellow and Typhoid fevers in New Orleans, Vicksburg, Memphis, and Plymouth. Cholera is gradually extending its ravages westward, and small-pox now indigenous on both continents is breaking out with increased fury near home and abroad. During the last few years we have had any number of plagues among cattle and other domesticated animals and birds. It is not necessary for me to recapitulate. Examine the Annual Reports of the department of Agriculture, of Washington, D. C. A failure of crops precedes famine, and

some of the localities where we have had typhoid disease were so visited. Famine in turn may incense our poverty-stricken people to riot and blood-shed without the assistance of labor strikes, and what with a possible destruction from future cyclones, tornadoes, earthquakes, tidal-waves, floods, and contagious diseases, even without riot or war, the picture of this coming desolation is foreshadowed on the firmament. I would add that Saturn is in his perihelion Oct. 21st, 7 A. M.

CONCLUSION.

But need we believe everything astrologers tell us? Not at all. Accept only so much of it as will satisfy a well-balanced mind. Why should astrologers be any more infallible than diagnosticians of the latter part of the nineteenth century? One illustration will suffice to expose the greatest medical humbug of the "regular" school of this century.

A very few years ago, when the Comte de Chambord was lying on his death-bed in Frohsdorf, Austria, four eminent diagnosticians were called in council to determine the nature of his disease. Every one of these medical gentlemen representing the Viennese School of Medicine, differed in his opinion regarding the name of the disease from which that illustrious exile suffered. And thus it came to pass, that this French Bourbon had to send to Paris for his regular family adviser, who, being better acquainted with the Prince's constitution, very properly diagnosticated his case to the great disgust of the other medical Bourbons of high-toned Allopathy.

The Scientific Unity of Medicine; or, Homœopathy and Allopathy Reconciled.*

BY

C. A. F. LINDORME, PH. D., M. D.,

SILVER LAKE, FLA.

(Continued from page 332)

Homœopathy has not been benefitted by believing in its mission of universal medical reform. It has insulated itself, cut adrift from the general historic development, and restricted the full scope of scientific progress. Hahnemann decries the allopathic violence of catharsis

in case of tape-worm, and claims that by homœopathic doses, one can meet all indications. But, although he looked at the presence of worms in the intestines as being due to "an unhealthy mode of living,"† yet he forgot to reflect upon the extent to which the cure of a case of tapeworm may be due to a change of diet, that is to say, to the therapeutic maxim of *contraria contrariis opponenda*, for we act according to this rule when we remove the cause of the disease—the unhealthy mode of living engendering the tape-worm—by giving it a nourishment which is sure to starve it or render its parasitic sojourn in the intestines unpleasant to a degree that will induce it to remove.

The nearer medical cases approach physiological conditions, the less the allopathic and homœopathic maxims will obtain. In debility caused by abstinence from food, we cannot proceed according to the maxim *contraria contrariis opponenda*, stimulating the little force left over to greater activity; nor according to *similia similibus curantur*, because there is no disease at all for which a specific can be selected. The whole condition being pathologic only in as much as it is a negation, so to say, of physiology; there is no occasion for positive pathological maxims; and, while there is no substance at all for *contraria contrariis*, rather than *similia similibus*, we might say, *assimilia assimilibus*: The Tanner experiment, at least, has shown the reliability of this maxim in a purely physiological starvation case.

These objections come in still more in obstetrical practice. Neither *contraria contrariis opponenda* nor *similia similibus curantur* are of any imaginable sense or value there; indeed, they are inapplicable, and the practitioner would be left in the lurch, if he had no other maxims to fall back on. So long as we have no allopathic or homœopathic impregnations, it will remain impossible in parturition to go by either allopathic or homœopathic maxims; and the art of midwifery enjoys, in the "manful" warfare between the two schools, the laudable privilege due to the feeble sex, to stay outside, waiting for its final adjustment; or, rather, not waiting at all,

* Copyrighted March, 1885, by the Electric Publishing Company.

† *Organon*, p. 38.

because its business does not forbear delay, and cannot afford to wait until Homœopaths and Allopaths have settled the question whether babies have to be born according to *similia similibus curantur* or according to *contraria contrariis opponenda*. The very definitions of disease thus far could not be applied to obstetrics. The German and French, in the limited sense of their *accouchement* and *Geburtshülfe*, did not even try to bring it under the general head, and the English writers, in making use of the word midwifery in a more extended sense, did not succeed in systematizing but by excluding it from the pathological system altogether, setting it down as a physiological condition and process, a denomination which could not prevent, of course, that labor cases continued to count among the remote causes of death, and to be recognized by all gynæcological authorities as the main cause of laceration of the womb, prolapsus, displacement, and the host of disorders attendant upon these standing female diseases. Menstruation is not to be benefitted by the homœo-allopathic alternative, although it would seem as though a division might here be made, leaving all cases of amenorrhœa to the Homœopath, and those of metrorrhagia to the Allopath. Menstruation is no disease at all, and it is a popular misnomer when women designate their period by calling themselves unwell, especially as the flooding itself is not the diseased condition, but the tumefaction of the parts preceding it. But gynæcologists will persist, nevertheless, in exhorting all females to take care of themselves during their period as if they were sick.

There is a class of Homœopaths, to which Drs. Watzke and Dudgeon belong, who hold that the doctrine of Homœopathy is simply the doctrine of specifics, this latter term taken in the "scientific sense, where the character of the remedies is based upon physiological provings." But I believe this theory is a very dangerous one, tending to create routine practitioners who start out with their medicine case, and administer from their phials every day in a stereotyped manner, and who constitute a very indifferent element in the cure of the sick who are entrusted to their care. If such patients get well,

they get well more in spite of the physician than through his aid; at any rate, the restoration of their health is only a sequel, not a consequence of his "specific." It is an undeniable fact (which is experienced by every thinking practitioner in his daily practice, and which is, moreover, fully recognized by the multiplicity of "specifics" registered in the books), that the physician, in order to be not only "lucky" in his successes, but sure of them, as far as there is such a thing as certainty in medicine, must *individualize*. There are generalities in materia medica that will hold good in every case; but they admit of so many exceptions, that the average practitioner is lost among them. If we had in medical practice none but these generalities, a good physician could be trained, and need not be born with the detective diagnostic eye that constitutes the medical talent. Even if we admit that the provings are reliable, having been done on so many persons that the greater or less uniformity can be stated, the "similarity" of the drug quality in a sick person remains a matter of doubt. If, in the homœopathic materia medica, we had to deal with true specifics, there ought not to be such a number of them, or we ought to be allowed to use them indiscriminately, the one for the other. But the fact is, that with one and the same person, in one and the same malady, one and the same remedy will operate differently; and speaking generally, there can be no doubt that the character of a drug as a specific depends altogether upon the character of the case.

Thus, if there are specifics, they are only for the specific case. In this sense we admit of them, but in this sense it is not meant by those theorizers who claim a specific medical character for the homœopathic medicines generally.

This theory does not hold good in practice, however plausible it may seem; the less so the more we reflect upon the fact that there are other methods of curing a disease than by giving medicine by the mouth. Not only do prominent old-school physicians make extensive use of the water treatment,* but Homœopaths also, and, perhaps, to even a greater extent; and electricity has be-

*Prof. Austin Flint, for instance, advocates the wet-pack in pneumonia.

come a standard therapeutic application, the use of which is increasing every day. Now then, if it were correct that the homœopathic remedies act as specifics, and could as such be relied upon, what need would there be of taking to other methods than the most handy one, the swallowing of sugar of milk globules moistened with badly tasting medicine in such delicate manner that the palate is not offended by it at all? And can any medicine be called a specific, if there are other therapeutic contrivances which do the things just as well, and, perhaps, even better? I was called one night to a case of summer-complaint, as it would appear to be from the symptoms; vomiting, colicky pains, and diarrhoea. I administered homœopathic medicine according to the theory of specifics to subdue the pain, and used water treatment in order to get the diarrhoea and the vomiting under control. The latter I accomplished readily, but the pain did not yield to any drug I gave, whether the dose was the allopathic tincture or the homœopathic high potencies. I finally concluded from the tenacity that a different way of operating upon the parts was requisite. That the pain was of nervous origin was apparent from the history of the case, and I had selected the medicine accordingly, but it was not until I had gone for my electrical apparatus and applied a tonic current of moderate strength (Kidder, B.D.), that I succeeded in relieving my patient. But electricity acted like a spell. With the negative electrode on her stomach, the positive at the back over the region of the solar plexus, it did not take more than a couple of minutes to free my patient from pain; and, after removal of the electrodes, the application having been continued for about twenty minutes, there was no recurrence of the pain, and in half an hour I left her in a sound, refreshing sleep. But, before falling asleep, when the sudden relief induced a more talkative mood, she told me, that a year ago, when she had a similar attack, she had swallowed enormous doses of the medicine I had given her first (Tinct. Opii), but without avail. This information refutes beforehand the objection which might be advanced, that the failure of the drug in my hands had been due to the fact that the dose used was too

small, not producing a narcotic effect. For I am fully aware that forty drops of laudanum will sometimes do the work, while thirty-five will not. On the other hand, I had once a chlorotic patient, a young lady not more than eighteen years of age, and of a decidedly frail constitution, who stood electricity to any extent, without its having a curative effect on her, while usually electrical applications benefit cases of amenorrhœa very readily. And these facts, moreover, do not speak only against the outlines, as it were, of the theory of Homœopathy in regard to specifics, when judged by the way in which it behaves in medical practice, but also against its inner structure—that is to say, against the arguments which are made use of to support it. For, if the remedial effect of a drug is to be explained by a certain intimate primordial relation between the genetic conditions of the vegetable poison in outward nature and the morbid poison in the diseased person, both being one and the same substance of creating-malefaction, and especially if the power of the drug as a curative agent is exercised by its setting up a similar disease which by its greater intensity will annihilate the natural one, disappearing itself afterwards as an artificial product—in either case, taking the theory in modified or unmodified form, it follows that the remedy which can cure a disease must necessarily be a drug; for, the above-mentioned similarity of drug poison and morbid poison presupposed, it cannot but be a poison which can have a hold on the disease, and there is no escape from the conclusion, that either all records of cures by other agents, water cure, electricity, kinesi-therapeutics, nay, even spontaneous cures by nature herself, must be fraud, or the theory of specifics be wrong. On the other hand, all the facts stated, and really all other facts which may be collected from any branch of medical practice, are not only in perfect harmony with the dynamic theory, but are explained, rendered lucid by it; and the Homœopaths should, indeed, be more ready to accept it, as their great originator, Samuel Hahnemann, himself suggested it, though he did not follow it up to its full bearing on medical arguing, probably because, at the time when he wrote, the whole range of physical

science was comparatively dark. He lacked all the enormous advantages which a writer of to-day on medical theory can derive from the immense work that has been done since, and from the astounding discoveries which have been made. The whole inward aspect of the physical and chemical world has changed since Hahnemann, and it was a by far greater merit in him to conceive the idea of dynamics being at the bottom of all medicine, than it was in others who came after him to approach it more closely, or furnish material for its scientific support. Moreover, by accepting the dynamical theory, the Homœopaths do not give up anything substantial. In so far as the homœopathic remedies deserve the denomination specifics, they may keep it; and, in consequence of the dynamic theory, the Homœopaths are in no way prevented from indulging in the gratification which they derive from this luxury. The only restriction which in the name of natural science it imposes upon them is, not to explain *ignotus per ignotius*, the unknown by the less known. Be it ever so much that chemistry and physiology have done for scientific medical progress in inner man, "of the exact nature of the chemical changes we know nothing."* All that we know is, that all chemical change is motion, and cannot be otherwise, and that, consequently, the chemical changes in the living tissue must be motion too. What we must found our *materia medica* on is, therefore, the dynamical theory; and all the more we must do so, the more this theory renders more intelligible the facts we have to deal with in our practice. When Hahnemann wrote, water-cure and massage were partly neglected, partly unknown remedial methods; and electricity was only partially understood, and not at all remedially made use of. In our day, all three enter largely into the rank and file of the curative agents of every day practice, and adherents of all schools take their refuge in them, when, in the corresponding cases, they are left in despair by their most favorite drugs, and the very ones they placed the most reliance upon. The very men, indeed, sympathize and live peaceably together, who consider each other diametrically

opposed and passionate adversaries in all that regards pharmacopœia and the mysterious medical maxims of its application to sick mankind. Now then, the dynamic theory can remedy this enormity of drug-remedying. As all remedying is dynamic, the chemical as well as the mechanic, there is no more difference between Homœopathy and Allopathy than there is between galvanic and faradic electricity, or between hot water and ice in Hydro-therapeutics; that is to say, either is good, the question being only to whom, and when and wherefore it is to be applied.

(To be continued.)

Arnica Montana.

BY.

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The Arnica Montana is a native of the mountainous regions of Europe, Siberia, and the North-western part of this continent; and it is cultivated in England. It is a perennial herbaceous plant with a brownish, horizontal woody root from one to three inches long and from two to three lines thick, which sends off numerous slender fibres of the same color. The stem is about one foot high, cylindrical, striated, hairy, and terminating in one, two, or three peduncles each bearing a large, fine orange-yellow flower. The leaves are bright green and somewhat pubescent on their upper surface; the radical leaves are ovate, entire, ciliate and obtuse; those of the stem usually consist of two opposite pairs, lance shaped.

The whole plant, when fresh, has a strong disagreeable odor which is apt to excite sneezing. The taste is acrid, bitter and persistent. Water extracts its properties. The whole plant is used in medicine, but the flowers are the part usually preferred.

Arnica is an excitant capable of powerfully affecting the brain and the entire ganglionic system; causing increased frequency of the heart's action, and of respiration which becomes difficult; increased secretion by skin, bronchia, and kidneys, disturbed sleep, giddiness, intense headache, dilated pupils, burning in the throat and stomach, irritation of the stomach and bowels, sometimes inflammation to the

*Foster, *Physiology*, p. 117.

entire alimentary canal; nausea, which the flowers are more prone to cause than the root; emesis, catharsis, violent abdominal pains, and great nervous disturbance; spasmodic contractions of the limbs, inability to walk or stand, oppression, debility, cold extremities, infrequent pulse, and collapse. Its action is opposed by that of all the direct prostrators of ganglionic energy, and for cases of poisoning by arnica, morphia, followed by alcoholic liquors as required, would appear to be the best remedy.

Nerve tonics are remedies which, through affording nourishment to the nervous system, act as true stimulants of it; or which, by excitation, cause more vigorous action of the nervous system, resulting in increased nutrition of it. Arnica is classified as a nerve tonic of the latter variety.

In small doses, arnica excites nervous action, accelerates the circulation, promotes assimilation, and more efficient activity of the different secretory organs, increasing the amount of perspiration and the flow of urine. It is, therefore, a remedy for all cases where functional activity may be improved by acceleration (not simply of the pulse rate, but) of the circulation; and it is available not only for cases where the general circulation is sluggish; but, having, like camphor, special influence upon those vaso-motor centres which energize the vessels of the brain, it is particularly valuable for that disordered condition of the nervous system which so often succeeds concussion of the brain; and it is often used as a precautionary remedy for children who have had a fall; being used internally as well as outwardly. It has also proved of great service for those headaches which, in warm weather, commence shortly after sunrise, and last until sunset—two or three drops of the fluid extract being placed upon the tongue the first thing on awakening in the morning, and afterwards at intervals of an hour, or more or less frequently, as may be required. Being also, in sufficient quantities, a general excitor of vaso-motor energy, it is in common use to abate congestions from bruises; and used internally, it is considered peculiarly useful for debilitated and typhoid conditions; being greatly esteemed for typhoid and other adynamic febrile diseases; and for chronic palsy, chronic

rheumatism, and asthenic forms of dropsy. It is also used for amaurosis, senile chronic catarrh, intermittent fever and its sequelæ, dysentery, diarrhoea, gout, nephritis, passive hemorrhages, chlorosis, amenorrhœa, &c.

Prof. Van der Kolk speaks highly of arnica for cases of idiopathic mania in the chronic stage, when, as the excitement decreases, the patient becomes weaker, more quiet and apathetic, the pulse small, the hands cool, but the head remaining hot. He advises an infusion of the flowers, one or two drachms in eight ounces of water, with dilute sulphuric acid and a mild laxative at the same time, if necessary. If the patient is very weak, and the cachectic condition more strongly developed, he then prefers a decoction of half an ounce of the root in seven ounces of water, in doses of one drachm four or five times daily. He states that it rarely fails to check exhausting diarrhoea, and is not less valuable if no diarrhoea exists; and he has succeeded with this drug in securing the recovery of many cases of almost hopeless chronic mania. Its use is also indicated by the involuntary evacuation of urine and feces in this state. He also says he has seen recovery follow the use of arnica root in cases of exhaustion from onanism. In very developed cachexia, a depraved condition of the system from cancer or from syphilis, he has also used a combination of arnica flowers and cinchona; but as a rule he prefers arnica root to cinchona, the latter not having the exciting effect upon the nervous system which distinguishes arnica root. The arnica root is, however, contraindicated while active symptoms exist.

Arnica flowers are much used in fomentations. When an infusion of them is made, it should be carefully strained so that no particle of down or fine fibre may be taken into the throat to cause troublesome irritation, nausea, and perhaps vomiting. The dose of the infusion may be from a drachm to four drachms every two or three hours.

The tincture of arnica flowers is made by macerating six ounces of the flowers in two pints of 75 per cent. alcohol. Dose, five minims to two drachms.

The tincture of arnica root is prepared from one ounce of the powdered root and one pint of 75 per cent. alcohol. Dose, five minims to two drachms.

The alcoholic extract is made by displacing one pound of arnica with four pints of alcohol and evaporating to the proper consistence. Dose, one to two grains. It is seldom used internally, but is much used for plasters.

The glycerole of arnica may be made by dissolving one hundred and ninety-two grains of the alcoholic extract in sufficient dilute alcohol, mixing with one pint of glycerine, and evaporating the alcohol. Morphia may be added if desirable.

Minutes of the [Twenty-Fifth Annual Meeting of the Eclectic Medical Society of the State of New York.

The Eclectic Medical Society of the State of New York convened for its twenty-fifth annual session in Adelphi Hall, New York city, on Wednesday, Sept. 19th., 1885, at 10 o'clock, A. M. On account of the absence of the president and vice-president, the secretary called the meeting to order, and Dr. Alexander Wilder was elected temporary chairman.

The meeting was opened by prayer by Dr. John Wilson, of Albany.

The roll of membership was called, and more than a quorum responded.

The names of delegates were received from the following auxiliary societies: Saratoga District Society, Albany County Society, Black River District Society, Sullivan County Society, Central New York Society, New York City Society, and West Side Medical Society.

These were referred to the Board of Censors.

In place of absentees on the Board of Censors, the president appointed Drs. James M. Congreve, of Wappinger's Falls; Lewis P. Grover, of Brooklyn; M. L. Filkins, of Albany; James E. Briggs, of New York; Wm. Jones, of Newburgh; Richard E. Kunzé, of New York; Phebe Low, of Liberty, and G. W. Boskowitz, of New York.

The Board of Censors in due time reported favorably upon all the delegates named, and also upon all those recommended for permanent membership.

A ballot was ordered, and Drs. Jacob F. Neef, of Albany, and Wm. Jones, of Newburgh, were appointed tellers.

The following were unanimously elected to permanent membership: A. L.

Scoville, of Fortsville, Saratoga county; T. Grant, of Liberty, Sullivan county; T. R. Kinget, Sr., of New York city; J. A. Bauerman, of New York city; J. F. McCann, of New York city; W. Henry May, of New York city; J. N. Carey, of New York city; Mary A. Hayward, of New York city; J. L. McKennon, of Masonville, Delaware county; P. A. Allen, of Cobleskill, Schoharie county; R. Hubbell, of Harpersfield, Delaware county.

The reading of the minutes was suspended, and the record approved as printed in Vol. xiv. of the transactions. The Society then listened to the

SECRETARY'S REPORT.

BUFFALO, N. Y., Sept. 1, 1885.

Mr. President and Members of the Eclectic Medical Society of the State of New York:

LADIES AND GENTLEMEN:—For several years past our report has been written on the evening of the first day's session, in order that we might include the receipts and disbursements up to the time of its presentation. The strain was great and was cheerfully undergone, but on this occasion we are compelled to economize our strength, and have therefore closed the accounts a week before the time fixed for this meeting. We hope the change will be satisfactory.

We will first consider the subject of

MEMBERSHIP.

Your attention is called to the statement made in our last report, which we will here repeat:

"A resolution of this body passed at a previous meeting, which compels the Secretary to drop from the roll all members who are two years in arrears to our Auxiliary Societies, now comes into effect. Correspondence has been held during the year with ten or a dozen such delinquents, but in the majority of cases they have shown a disposition to pay up their dues in order to retain their proper standing in this Society. To some extent, this correspondence is still unfinished. We hoped to complete it before this meeting, but it is difficult to learn of each individual case, except through the annual reports of the Secretaries of local organizations, and these have not been received at the time of this writing. We should not be surprised if the

names of others are presented as coming under the rule, but this matter will be definitely settled at no distant date. The personal attention of each individual is called to the resolution, and the Secretary of the Society is at the same time informed of the jeopardy, with the request to report at once when his dues are received."

So far the following have been dropped from the rolls, and for the reasons hereafter stated.

Allen, E., Copenhagen. Does not belong to Black River District Society. Does not reply to letters and notices.

Baker, E. L. Syracuse. Suspended from Central New York Society. No replies to letters and notices.

Bell, W. Removed to Michigan. Dropped from Genesee Valley District Society.

Brown, C. K., Troy. Does not belong to the Albany County Society, and virtually resigns.

Bates, C. W., Hemstead. Does not belong to Brooklyn Academy of Medicine; resigned.

Converse, J. H., Danville, Ills. Was a member of Albany County Society; not a member of an auxiliary, and not paying dues.

Crowell, W. E. Removed to Massachusetts; no reply to letters.

DeLeon, Edwin, Middletown. Expelled from Hudson River District Society.

Downing, Catherine A., Scranton, Pa. Not a member of an auxiliary, and does not pay dues.

Force, Alfred, Attica, Ohio. Not a member of an auxiliary; virtually resigns.

Hawley, Jr., W. H., Dundee. Suspended from Genesee Valley District Society. Over two years in arrears for dues.

Hill, C. Edward, Syracuse. Suspended from Central New York Society. Over two years in arrears for dues.

Holland, J. G., address unknown. Not a member of Saratoga District Society.

Leonard, H. W., Camden. Suspended from Oswego County Society. Four years in arrears for dues.

Lewis, Albert., Hoboken, N. J. Dropped from New York City Society; pays no dues.

Mortimore, S. E., New York City.

Suspended from West Side Society for non-payment of dues.

Murphy, W. W., Liberty. Expelled from Sullivan County Society.

Newby, Geo., New York City. Not a member of an auxiliary.

Owen, F. W., Carthage. Not a member of the Black River District Society; going out of State.

Sharp, J. J., Tuscarora. Suspended from Genesee Valley District Society; non-payment of dues.

Southworth, O. L., Leonardsville. Not a member of an auxiliary society.

Van Valkenburgh, J., Sharon. Not a member of an auxiliary society.

Weaber, W. H., New York City. Resigned.

Wright, A. H., Livonia. Suspended from the Genesee Valley District Society; over two years in arrears for dues.

There might be others added that are resident in the western part of this State, but they are in the jurisdiction of the Western New York Society. This Society has gone no further towards organizing than they reported here at the last annual meeting. The organizers have felt inclined to leave the whole matter in the hands of your Secretary. This is a great mistake, for he is already overworked. He will cheerfully do all that can reasonably be expected, but he cannot do the work of two, and in his present condition of health does not intend to attempt it.

LEGISLATION.

Several bills were introduced into the legislature of the State at the last session touching the practice of medicine. The most notable was the Health bill providing for a board of examiners to examine graduates from all the colleges in the State, a certificate or diploma being necessary from them in order that the graduate might practice medicine. It provided for a certain number to be appointed by the Board of Regents, and 6 to be recommended by each State society, of which the Board of Regents should select 2. This would give our school about two representatives against ten others. Although this bill had a very powerful backing, it failed to pass. The Homoeopathic Society introduced a bill similar in character, but providing for a Board of their own school to examine the graduates from Homoeopathic

colleges. This undoubtedly had some effect toward defeating the bill. Your Secretary issued circulars to each physician in the State, together with a copy of Dr. King's address, and both were sent to each member of Assembly and of the Senate. Copies were sent to them at their Post Office addresses before the opening of the session, and also to the same addresses about a fortnight after the Legislature convened. At the same time, Dr. Boskowitz of New York had a thousand copies of the same address, and distributed them of his own accord for the same purpose. In the Secretary's circular to physicians, he asked that every one who was acquainted with a member of the Legislature should see him, and report the result of the interview. Quite a number were interviewed, but only a dozen of the members reported. As the Secretary received news of legislation, these dozen were immediately informed. We are pleased to state that at the adjournment of the Legislature, no bill had been passed that affected us unfavorably. We can say but little in favor of the labors of the Legislative Committee of this Society. All the work done was done in great part by those not on the committee. To much care cannot be exercised in forming this committee, for its labors are important, and it must be a working committee, for nothing is to be gained by simply making the appointments, and having the matter there end. If we do not keep on watch, we shall find some day that we have been legislated out of existence, or our rights taken away, which is the same thing. It matters little whether this is done at one bold stroke, or whether the character of the legislation is such as to destroy our life in years to come. If it happens that a bill is passed that will prevent our graduates from practicing, whether they come from within the State, or without the State, our growth is stopped, and it is only a question of time when the last of our practitioners will die, and the school become extinct. On July 9th., a letter was addressed to the Secretary of the Board of Regents on the subject of a Board of Examiners to represent our school of practice. You will remember that in our last report we stated that the Board of Regents had in their meeting

Resolved, "That in view of the proba-

ble modification or repeal of the law authorizing the appointment of Boards of Examiners, and the issue of medical diplomas by the Board of Regents, it is not expedient at this time to appoint any additional Examining Boards."

The Secretary thought it was needless to comment upon this resolution, and that to defer action on the plea of probable and prospective legislation, was contemptuous, overbearing, and unjust. However, the following letter was sent:—

Buffalo, N. Y. July 9-85.

DAVID MURRAY, Esq.,

Secretary, Board of Regents.

Dear Sir:—Will you please call the attention of the Board once more to the request made by the Board of Directors of the Eclectic Medical Society of the State of New York, asking for the appointment of a Board of Examiners to represent our school of practice?

As you are aware, a Board was appointed in 1875, and it was not until eight years afterward that we learned that no such Board was in existence, because, as you wrote, they had not qualified. What qualifications were necessary, we do not know, but the gentlemen whose names we submit, have agreed to do whatever is necessary to effect the organization.

Since the appointment in 1875, Dr. Robert S. Newton, of New York, and Dr. H. Boskowitz, of Brooklyn, have died. Hence the Board of Directors of the State Society endeavored to fill the vacancies by recommending a new Board that would meet all requirements.

In July last you reported the following resolution:

Resolved, That in view of the probable modification or repeal of the law authorizing the appointment of Boards of Examiners etc., it is not expedient at this time to appoint any additional Examining Boards.

The legislation of last winter did not result in any modification or repeal of any law touching the matter in point.

The Board of Directors therefore again request your Honorable body to appoint a Board of Examiners to represent the Eclectic School of Medicine. We also respectfully suggest the names of Milton M. Fenner, of Fredonia; Richard E. Kunzé, of New York; Orin Davis, of Attica; Robert A. Gunn, of

New York; Thos. L. Harris, of Cazenovia;
Henry A. Bolles, of Cortland, and J.
Edwin Danelson, of Buffalo.

Respectfully Yours,
J. EDWIN DANELSON.

The following was received in reply:—

Office of the Regents,
Albany, N. Y., July 13-85.

DR. J. EDWIN DANELSON,
Buffalo, N. Y.

Dear Sir:—Yours of July 9th. is before me. The Board held its semi-annual meeting July 7-8, and consequently your communication was not in time to be laid before them. I will submit it at the earliest opportunity. If a special meeting is held before the next annual meeting it will be submitted. Much to the regret of the Board, the Legislature took no action as to the amendment of the law.

Very truly yours, DAVID MURRAY.

Unfortunately we were too late. This mistake was made on account of being misinformed as to the date of the semi-annual meeting of the Board of Regents. The annual meeting takes place in January, and this Society should renew its application at that time. Two Boards have been appointed, and examinations have been made by them. Recently in reading the act carefully, we find that the Board of Regents are authorized to appoint one or more Boards. This gives them great discretion, and it may be that eventually we shall learn that their communications and resolutions mean nothing but evasion, and that they do not intend to make any further appointments.

The following are the details of money transactions:

RECEIPTS.

Societies' Dues.

Oct. 15, 1884.	
New York City Society.....	\$24 00
Hudson River Dist. Society..	7 50
Broome County Society....	6 00
Saratoga District Society...	8 00
Brooklyn Academy of Med....	9 50
Black River Dist. Society...	9 50
Oct. 17, Albany Co. Society...	11 00
" 30, Sullivan Co. Society...	10 00
Nov. 14, Genesee Valley Dist. So.	13 50
Aug. 28, '85, Oswego Co. So....	6 00
	\$105 00

1884. *Members' Dues.*

Dec. 9, Wm. R. Hayden \$2 00

1884. *Initiation Fees.*

Oct. 15, J. P. Marsh..... \$10 00
 " " L. O. Goetchius..... 10 00
 " " H. N. Waite..... 10 00
 " " A. W. Tompkins..... 10 00
 " 27, A. J. Kelemen..... 10 00
 Nov. 14, J. S. Akeley..... 10 00
 Dec. 11, A. L. Hunt..... 10 00

1885.

Jan. 15, C. K. McDonough..... 10 00
 July 20, H. B. Arnold..... 10 00
 Aug. 14, H. E. Hunt..... 10 00

\$100 00

Transactions.

Volume XII.

4 copies, \$1 50.....\$6 00
 1 " 1 75..... 1 75

\$7 75

Volume XIII.

1 copy, \$1 50.....\$1 50
 3 " 1 75..... 5 25

\$6 75

Volume XIV.

73 copies, \$1 75....\$127 75
 46 " delivered;
 paid on account. 15 00

\$142 75

\$157 25

Total Receipts.

Dues from Societies..... \$105 00
 Dues from members..... 2 00
 Initiation fees..... 100 00
 Transactions..... 157 25

\$364 25

Disbursements.

Express..... \$8 45
 Exchange..... 30
 Telegrams..... 71
 Postage..... 34 45
 Stenographer..... 14 85

1885.

April 14, added to Treasurer's
 check of \$102 71 to pay
 Baker, Jones & Co..... 125 00
 July 23, Baker, Jones & Co... 100 00
 Sept. 1, Wm. Jones, Treasurer. 80 49

\$364 25

The Secretary acknowledges that he is not the disbursing officer, but he has been almost too conveniently near our greatest creditor to escape frequent interviews, and has taken the liberty of

paying our good-natured printer as fast as the money was received. This appears right in theory, but we fear may have shorn the Treasurer of some of the dignity of his office. An insight into our motive may be inferred from the fact that the Secretary has received nothing towards the payment of his salary for the past year.

LIBRARY.

The Permanent Library has been increased during the year by five volumes of the Transactions of this Society, and now numbers eighty-two books.

Of the circulating library the following gives the details:

Volume XII.	Copies.
On hand at last report.....	5
Sold during the year.....	5
.....	—
Volume XIII.	
On hand at last report.....	53
Sold during the year.....	4
Printer's copy.....	1 5
.....	—
Balance.....	48
Volume XIV.	
Number of books printed.....	200
Sold during the year.....	73
Placed in permanent library...	5 78
.....	—
Leaving a balance....	122

Of this number the West Side Society has 40 copies, for which have been received ten dollars on account; the Albany County Society has six copies for which five dollars have been paid on account. In addition there have been delivered to the Saratoga Dist. Society 10 copies; to the Black River Dist. Society 12 copies; to the New York City Society 22 copies. Deducting these from the above balance, the Secretary has at this date in his possession 32 volumes.

The report of the sale of Volume xiv. is more satisfactory than that of any previous volume. Still, we are not so certain of the ultimate result. Most of the edition has been ordered and delivered, but as the payments are not completed, some of the books may be returned.

The printing of our Transactions is as important a matter as our financial condition; in fact, one hinges upon the

other. We print an edition of 200 volumes, which costs us \$500, or more. We sell 150 of them at \$1.75. Adding the cost of postage, advertising and expressage, and counting the stock left over as dead, it costs us over \$250 above what we receive for the books. We would suggest the trial of a plan something like this: Print the Transactions every year in pamphlet form, but limit the size to 200 or 250 pages; then when we have two numbers in paper covers, they can be bound in cloth uniform with previous books. The book could be sold for \$1.25, and we think would be taken in larger quantities. The binding would cost about 25 cents; to this would be added the trifling cost of postage. It would allow us to issue a volume every year, and in two years cost the members \$2.75. On this plan the State Society would be whole in its investment, and we might be able to circulate more literature.

NECROLOGY.

We have heard of the death of three of our members since the last annual meeting. Dr. C. C. Hopkins died early in the year, being attacked with pneumonia soon after his return from the last annual session.

Dr. E. T. Chaney died in Kansas, whither he had gone for his health. He was well advanced in years, and had been feeble for some time.

We have also learned of the death of Dr. John Henry, but have received no particulars.

ANNUAL DUES.

We copy from our last report:

"Several years ago," more particularly speaking, in September 1874, "the financial policy of this Society was changed, and its revenue is now received from a per capita tax upon the membership of each auxiliary. This revenue is only sufficient to barely cover the running expenses of the Association. As we have had no extra expenditure, we have always had sufficient means to meet our liabilities. The other State organizations pay an annual membership fee of from three to five dollars, and their Transactions are issued regularly. The National Eclectic Medical Association also charges a membership fee of three dollars. In each instance, as far as we are informed, the fee includes a copy of

the annual Transactions. As we believe our literature to be necessary to our existence, and of vital importance in spreading our principles, not to speak of informing the people of our existence, we are compelled to suggest that this society, at this session, so amend its by-laws that at the next meeting we may have an annual membership fee of three or five dollars, the member to receive, upon payment of the fee, a printed and bound copy of the Transactions."

The following was presented at the last meeting, and comes before you as an amendment to Article IX. of the by-laws; It reads as follows:

Dues.—At each annual meeting of the Society, each permanent member shall pay to the Secretary three dollars as annual dues. Each member, upon payment of the annual dues, or as soon thereafter as published, shall receive a copy of the transactions of the Society. Any member failing to pay the dues for two years shall be notified of the delinquency, and if the amount due is not paid within three months, the name shall be dropped from the roll of membership. New members shall be exempt from the payment of dues for the first year. Auxiliary societies with a membership of fifteen or less shall pay the sum of five dollars as annual dues; where the membership exceeds fifteen, the amount of annual dues shall be ten dollars.

This is the most important matter to come before this Society during this session. Since 1874 the payment of annual dues by members has stopped, and in lieu of that a per capita tax of fifty cents placed upon all members of auxiliary societies. Experience has demonstrated that this revenue is inadequate. If we do not print our transactions, the receipts are amply sufficient. But every volume not only depletes the treasury, but also runs the Society into debt. There is but one inference—if we continue to print, we shall become bankrupt. If we cease to publish our Transactions, we may as well cease as an organization—adjourn *sine die*. We believe there is but one alternative, and that is the ratification of the above amendment.

Your obedient servant,
J. EDWIN DANELSON, *Secretary*.

The Treasurer presented the following report:

Newsburs, Sept. 9th, 1885.

As Treasurer of the Eclectic Medical Society of the State of New York, I have the pleasure to present the following report:

Oct. 16th, 1884, balance in treasury.....	\$102 71
April 3d, 1885, received from society, per J. Ed. Danelson...	125 00
July 23d, 1885, received from society, per J. Ed. Danelson...	100 00
Sept. 1st, 1885, received from society, per J. Ed. Danelson...	80 49
	\$408 20
July 23d, 1885, paid Baker, Jones & Co.....	327 71
Balance in treasury.....	\$80 49

WILLIAM JONES.

Both the reports were received and tabled, and the money matters referred to a committee on finance, consisting of Drs. R. E. Kunzé and L. P. Grover.

A discussion then followed upon the subject of medical legislation, which was participated in by Drs. G. W. Boskowitz, M. L. Filkins, and R. A. Gunn.

The Finance Committee reported favorably upon the accounts of the Secretary and Treasurer, and the society adopted the report.

Recess to 2 o'clock.

FIRST DAY—AFTERNOON SESSION.

The discussion upon legislation was continued. A Committee on Transactions was ordered, and the President appointed Drs. L. P. Grover, T. Cleland, and J. F. Neef.

Drs. H. E. Hunt, J. M. Congreve, and W. Jones were appointed a committee to express the sentiments of this Society respecting the death of the members reported by the Secretary.

A nominating committee was appointed, consisting of D. A. Chase, M. D., of the Albany County Society; William Jones, M. D., Hudson River District Society; Phebe Low, M. D., Sullivan County Society; J. L. McKennon, M. D., Susquehanna District Society; Anna E. Park, M. D., West Side Society, and H. E. Hunt, M. D., New York City Society.

The amendment respecting dues was called, and upon motion its considera-

tion was suspended until a report of the Committee on Transactions was received.

Dr. R. E. Kunzé, of New York, read an essay entitled "Serious Forebodings Regarding the Health of Mankind." Discussion followed.

Dr. W. L. Tuttle reported a case of talipes, with illustrations. A discussion followed upon the use of chloroform and ether.

The following was reported by the New York City Society:

"At a special meeting of the Eclectic Medical Society of the city and county of New York, held on the evening of August 25th, 1885, a committee, appointed to draft a vote of thanks to Prof. George W. Boskowitz, Dean of the Eclectic Medical College, submitted the following preamble and resolutions, which were unanimously adopted:

"Whereas, In his efficient defense of the Eclectic Medical College of the city of New York, Prof. George W. Boskowitz, Dean of that institution, has rendered inestimable services to the cause of Eclecticism in this State and the entire Eastern States, and

"Whereas, The Eclectic Medical Society of the city and county of New York desires to place on record evidence of their appreciation of his labors, be it

"Resolved, That the Eclectic Medical Society of the city and county of New York hereby tenders their sincere thanks to Prof. George W. Boskowitz for the untiring zeal and energy with which he effectually espoused the cause of the reform school of medicine in this State; and be it further

"Resolved, That these resolutions be spread in full upon the minutes of the Society of the State of New York, and a copy submitted to such medical journals as are in sympathy with the Eclectic cause."

Signed: L. DAVIESON, M. D.,
H. E. HUNT, M. D.,
T. R. KINGET, Sr., M. D.,
M. J. JACKSON, M. D.,
C. H. FASSIN, M. D.,
Committee.

The Mutual Aid Society, organized by some of the members of the National Eclectic Medical Association, was explained by Dr. Wilder, and members were asked to join the same.

Upon motion, the President was authorized to appoint fifteen delegates to

the National Eclectic Medical Association.

It was resolved that the Secretary of the State Society inform the Secretaries of auxiliary societies by circular of any legislation threatening the rights of physicians.

Recess till 8 o'clock.

FIRST DAY—EVENING SESSION.

Addresses were delivered by Drs. H. E. Hunt, T. R. Kinget, Sr., R. A. Gunn, C. H. Yelvington, and E. B. Foote.

SECOND DAY—MORNING SESSION.

The Society convened at 10 o'clock A. M.

It was, upon motion,

Resolved, That the members of the Eclectic Medical Society of the State of New York respectfully ask the Legislature to re-enact the medical statute of 1844, which is the only legislation on medical subjects ever asked or desired by the people of the State.

Resolved, That State medical boards and special acts to regulate the practice of medicine are in their inception designed to interfere with and destroy inalienable rights of persons, and tend to degrade citizenship, and destroy love of country among upright men; that governments of free people have never been instituted for such arbitrary measures; and that we denounce as contemplated outrage the legislation prepared by the American Medical Association, for the creating of State Boards with full power to dictate who may or who may not follow the practice of medicine, the members of such boards to be designated by State medical societies.

Resolved, That we disapprove of the medical statute said to have been enacted in 1880, which prohibits graduates from elsewhere from engaging in practice in New York, except their diplomas are indorsed by deans of colleges in this State, as being unjust in itself, a violation of comity between the States, and of the nature of a protective tariff in medical diplomas, as well as of doubtful constitutionality.

The Committee on Transactions reported through the Secretary. The committee recommended the acceptance of the offer made by the Eclectic Publishing Company, of which the following is a copy:

NEW YORK, Sept. 9th, 1885.

In consideration of the MEDICAL AD-

VOCATE being made the official organ of the Eclectic Medical Society of the State of New York, and of an agreement on the part of said Society not to print a volume of transactions while this contract is in force, the undersigned, proprietors of the MEDICAL ADVOCATE, agree to print in the said MEDICAL ADVOCATE the proceedings, essays, and a synopsis of the several auxiliary societies of the Eclectic Medical Society of the State of New York. All said proceedings, essays, etc., to be inserted in the said MEDICAL ADVOCATE to be subject to the supervision and approval of the Secretary of the said Eclectic Medical Society of the State of New York.

THE ECLECTIC PUBLISHING Co.,
Proprietors of the MEDICAL ADVOCATE.

The subject was discussed at length by Drs. G. W. Boskowitz, W. L. Tuttle, R. A. Gunn, A. M. Lesser, T. Cleland, C. H. Yelvington, H. E. Hunt, A. E. Park, and J. E. Danelson. A motion was offered to refer the matter to the publishing committee with power. This was lost, and the report was adopted.

An amendment to Article IX. of the Constitution was presented. It reads as follows:

Dues.—At each annual meeting of the Society, each permanent member shall pay to the Secretary three dollars as annual dues. Each member, upon payment of the annual dues, or as soon thereafter as published, shall receive a copy of the transactions of the Society. Any member failing to pay the dues for two years shall be notified of the delinquency, and if the amount due is not paid within three months, the name shall be dropped from the roll of membership. New members shall be exempt from the payment of dues for the first year. Auxiliary societies with a membership of fifteen or less shall pay the sum of five dollars as annual dues; where the membership exceeds fifteen, the amount of annual dues shall be ten dollars.

The motion to adopt was amended by substituting "one dollar" in place of "fifty cents" in Article IX., as it now stands, and this amendment to the motion was adopted. This makes the per capita tax on members of auxiliaries one dollar instead of one-half dollar, as formerly.

The Treasurer was authorized by motion to pay ten dollars for rent of rooms during the convention.

The nominating committee presented its report, and a motion was made to proceed to ballot, and Drs. Albert Fox and Wm. L. Tuttle were appointed tellers.

The following named persons were elected officers of the Society for the ensuing year:

President, Geo. Boskowitz, New York.

Vice-President, M. L. Filkins, Albany.

Recording Secretary, J. Edwin Danelson, Buffalo.

Corresponding Secretary, Thomas Cleland, New York.

Treasurer, William Jones, Newburgh.

Board of Censors: Alexander Wilder, 1st Judicial District; A. R. Tiel, 2d Judicial District; S. Tuthill, 3d Judicial District; L. O. Goetchius, 4th Judicial District; J. A. Rega, 5th Judicial District; T. L. Harris, 6th Judicial District; J. C. Durgan, 7th Judicial District; O. Davis, 8th Judicial District; A. M. Lesser, Eclectic Medical College.

Newburgh was selected as the place of the next meeting, and the time was fixed at the first Wednesday and Thursday in October, 1886.

Dr. Thomas Cleland was elected a director of the Mutual Aid Society.

Dr. George Archbold, of Oswego, was elected to honorary membership.

By resolution, Dr. Boskowitz was substituted for Dr. Danelson as a member of the Board of Examiners to confer the regent's degree.

The following were appointed delegates to the National Association: M. L. Filkins, A. Fox, T. R. Kinget, Sr., M. J. Jackson, A. W. Tompkins, F. C. Maxon, P. Low, D. K. McDonough, J. F. Neef, J. P. Nolan, E. M. Manwarren, C. W. Parker, C. H. Yelvington, J. L. McKennon, and F. A. O'Hare.

The members themselves were given the power of substitution.

As a legislative committee, the Society appointed the officers of the Society.

An advisory committee was appointed by the President, and consists of Samuel Tuthill, B. J. Stow, and A. Fox.

Dr. Stow, of Brooklyn, made a few remarks, after which the Society adjourned.

J. EDWIN DANELSON, *Secretary*.

The Medical Advocate.

A Monthly Journal of Medicine, Surgery and the Kindred Sciences

EDITOR:

Joseph A. House, M. D.

ASSOCIATE EDITOR:

Alexander Wilder, M. D.

Special Contributors.

DR. ROBERT A. GUNN,	New York.
DR. RICHARD E. KUNZE,	New York.
DR. GEO. W. WINTERBURN,	New York.
DR. J. G. L. GAEDKE,	New York.
DR. JOS. RODES BUCHANAN,	Mass.
DR. H. K. STRATFORD,	Illinois.
DR. GEORGE C. PITZER,	Missouri.
DR. E. YOUNKIN,	Missouri.
DR. CHARLES E. TAYLOR,	St. Thomas, D. W. I.
DR. O. A. PALMER,	Ohio.
DR. W. H. BLAKE,	Penn.
DR. LEMON T. BEAM,	Penn.
DR. I. J. M. GOES,	Georgia.
DR. A. W. BIXBY,	California.
DR. WM. BELL,	Mich.
DR. JOHN W. FIFE,	Conn.

We cordially invite a fair discussion in our columns of all subjects pertaining to the Practice of Medicine; but do not hold ourselves responsible for the opinions thus advanced, *unless editorially indorsed.*

Subscription, \$2.00 per annum; single copies, 25 cts. Remit Money by Registered Letter, P. O. Money Order, or by Draft on New York, to

THE ECLECTIC PUBLISHING CO

EDITORIAL.

OFFICIAL ANNOUNCEMENT.

SECRETARY'S OFFICE, BUFFALO, N. Y.,

OCT. 1ST; 1885.

To the Officers and Members of the Eclectic Medical Society of the State of New York:

At the annual meeting of the Eclectic Medical Society of the State of New York, held in New York City on the 9th and 10th of September, it was decided to make the MEDICAL ADVOCATE the Official Organ of the State Society. It was also determined, in lieu of printing the Transactions of the Society for the year, to insert the records of the annual meeting, an abstract of the meetings of the auxiliary societies, and all essays of the State Society and local organizations in this medical magazine.

The arguments in favor of this plan may be briefly summed up as follows: Almost a year in time is saved, for the printing begins at once, and the matter is presented to readers almost imme-

diately after being received by Societies. It comes in twelve parts, so that every one will have time to read and consider the subjects as they appear. In addition to our own essays, other original articles and excerpts from all the current medical literature will be presented. The subscription price of the ADVOCATE is \$2.00; much less than we can afford to sell the Transactions for. If a member is already a subscriber to the MEDICAL ADVOCATE, he gets the Transactions without additional expense. The publishers of the MEDICAL ADVOCATE contract to do this work for us, so there can be no loss to the Society, and it is certainly a gain to the members, for they get the Transactions and the ADVOCATE at the mere cost of the journal.

We wish to impress upon members of the State Society and of the local organizations the importance of subscribing for the MEDICAL ADVOCATE at once, so as to be sure to get the full volume. *We consider it equal to any medical journal published in the United States.* Eclectic physicians throughout the State are cordially invited to participate.

J. EDWIN DANELSON,
Secretary.

In giving our consent that the MEDICAL ADVOCATE be made the Official Organ of the State Society, as above announced, we are actuated only by an earnest desire to promote the welfare of Eclecticism everywhere, and more particularly to advance the interests of our cause in the East. With its large circulation, reaching the liberal-minded physicians of all schools of medicine, we believe that the ADVOCATE is destined to accomplish much good in ingrafting and promulgating those principles which form the basis of Medical Eclecticism.

It is, perhaps, hardly necessary to add that the ADVOCATE will remain National in character, independent in spirit, and unbiased by sectional interests.

New York, Sept. 19th, 1885.

ALEXANDER WILDER, M. D.

My Dear Sir:—

At the recent meeting of the Eclectic Medical Society of the

State of New York, while the Committee's report advising that the Transactions be hereafter published in the MEDICAL ADVOCATE and that the ADVOCATE be adopted as the official journal of the Society was under discussion, several members expressed a wish that your name might again be included on the editorial staff of an Eclectic medical journal. This sentiment was, apparently, approved by all present, and would, I believe, be endorsed by every Eclectic in the country.

In harmony with that sentiment, and in order that the Society may have a special representative to supervise the editing of the Transactions, I would cordially invite you to become associate editor of the MEDICAL ADVOCATE. By accepting the position, you can better aid in promoting the welfare of the cause you have so long and ably supported.

In the present crisis of our cause, I apprehend the importance of greater activity. The Eclectic idea is at this moment in the advance of all schools of medical practice; even those profess it who stand aloof and calumniate those who sustain it. A proper display of energy, a generous liberality toward our professional brethren, and effort intelligently directed, will raise the Eclectic school of practice to that supremacy which is its due.

Hoping you will give this matter favorable consideration, I remain,

Yours Sincerely,

JOSEPH A. HOUSE.

* * *

Newark, N. J., Sept. 22d, 1885.

JOSEPH A. HOUSE, M. D.,

My Dear Sir:—

Your letter of the 19th was received by me yesterday morning. I have reflected upon the proposition before making any answer, as it is a

matter not to be hastily decided. I like to wait over night before determining important questions.

It has been my desire to avoid all antagonizing with parties or individuals in the Eclectic ranks; partly because I am an official in the National Association, and should, therefore, be scrupulously impartial in what I say and do; and partly because I have no taste for disputing. In regard to practice and medication, I am more radical in my beliefs than many prominent Eclectics. I would let nobody silence me in any honest utterance, under whatever pretext; but it is well to keep within reasonable bounds.

You pay a compliment to my support of the Eclectic cause. I have done this from conviction, because the Eclectic idea, to prove all and hold fast only the good, approximates the ideal of safe and effective medication; and because the Eclectic, more than any other medical organization in this or any other country, represents that liberty in thought and act which is every man's inherent right. Many who are reckoned with us may seem to come short in their views of a physician's rightful freedom, and I regret this deeply. Yet, as a whole, the Eclectics are in advance, and excel in the real knowledge and skill which the medical profession should possess. I earnestly deprecate any retrograding to obsolete methods, which have been discarded by us heretofore, and I would have no engrafting of other and heterogeneous notions on our practice. To choose that which is not best, is the reverse of Eclectic; and to be without a principle by which to determine the choice, is preposterous.

The importance of maintaining the Eclectic organizations, local, State, and National, cannot be too highly regarded. The men who seek and have obtained proscriptive and unconstitutional legislation to control the right to practice the

healing art, regard the Eclectic School as their principal antagonist. They measure their triumphs by the disabilities which have been imposed upon Eclectics. If they could have their own way, the lancet and blood-bowl would become again their inseparable agents in their destructive art. Religious bigotry and proscription led to murderous crusades in the Middle Ages; medical bigotry and proscription aim at similar enormities. The medical legislation already had in many of our States has carried us back half a century in our course—worse than the sun and moon standing still. The maxim sought to be enforced is, that there are no civil rights for Eclectics.

It behooves us to change all this. We shall continue as a School of Medicine by deserving so to continue. We shall not need to be stamped with the mark of the Old-School Beast—a State Examining Board—in order to be permitted to buy and sell. The true man is not under law, but is himself the law. If we are true physicians, we are the medical profession, and not a branch of it that may be blighted or hewn away. I insist that higher classical and literary, as well as professional attainment, shall be required of the medical student; but I will always recognize and honor skill any where, however acquired.

Proscription, however ethical in its pretensions, is utter barbarism and Trade-Union morality. We Eclectics, therefore, in this our war of independence, are also fighting the battle of civilization itself.

In accepting your invitation, I am not so confident as you that it will give general pleasure. We may not hold individuals too closely to the tenor of words uttered in the excitement of debate. Yet, I have no right to hold back. Entreating you not to be too sanguine in your expectations in this matter, and cordially reciprocating your assurances

of personal regard, I will endeavor to do my part in the work allotted to me.

Yours Truly,
ALEXANDER WILDER.

* * *

The old-school physicians have quietly procured the nomination of several of their number on the Republican ticket for the Legislature of Ohio. Proscriptive legislation has been repeatedly defeated in that State; but the battle for God, liberty, and common justice, it seems, is to be fought again. If the Eclectics of Ohio have been on the alert, the danger may have already passed; if they are outwitted, they have now the alternative to fight strenuously against every endeavor to deprive them of their rights, or to yield abjectly to barbaric despotism. Though unorganized (and half organized themselves), they must encounter an artful, treacherous, and unscrupulous adversary, that respects not human nature itself, or any principle, human or divine.

W.

* * *

In the Oneida district, N. Y. State, Abram B. Weaver is the Democratic candidate for the Senate. He has served two terms in the Assembly, and two as Superintendent of Public Instruction of the State. Rarely is a man of equal merit and uprightness offered to voters. His election is due, and, we trust, sure. The adverse candidate, it is hardly necessary to say, is Mr. Senator Coggeshall. No man prizing personal integrity and official honor, can intelligently hesitate which of the two to choose.

W.

* * *

The following, from the *New York Mail and Express*, will be found instructive as well as interesting:

For many years past Philadelphia has been famous as a training place for doctors, and has believed herself to be the medical metropolis of the United States. Her schools are justly famed, and some of the instructors in them have acquired a world-wide celebrity. Nevertheless, so



James Anton, M. D.

far as mere numbers go, she is now excelled by both Chicago and New York. Of the total number of medical students in the country, New York now has 14.9, Chicago 11.3, Philadelphia 10.8, Cincinnati 5.7, and St. Louis 4.3 per cent. Of graduates, the New York schools have furnished 13 per cent., the Chicago schools 12.3 per cent., the Philadelphia schools 9.7 per cent., the Cincinnati schools 6.4 per cent., and the St. Louis schools 5 per cent. These figures are furnished by the *Chicago News*. They need explanation, for the Chicago schools have now a much larger number of students than ever before, and it is hard to see where so large a percentage of Chicago graduates come from. The increase in attendance at the Chicago schools in seven years has been 40 per cent. In 1877 Chicago was outranked not only by New York, but by Philadelphia and Cincinnati also.

According to the same authority, the total number of medical students in the United States has increased from 8,700 to 12,779—nearly 47 per cent. Students of the "regular" school have increased from 7,060 to 10,858—nearly 54 per cent. Students of homœopathy have increased about 16 per cent., and eclectic students about the same. In Chicago, however, the "regular" school has gained only 34 per cent, while the homœopathic has gained 45 per cent. That city has two large homœopathic schools, and twice as many homœopathic students as any other city. Cincinnati has the most eclectic students, followed by Chicago and New York. Philadelphia, Chicago, New York and Baltimore have schools for the medical education of women only, and rank in the order named.

It appears, therefore, that the honors are divided. While Philadelphia is the allopathic headquarters, Chicago the homœopathic, and Cincinnati the eclectic, New York has the most schools of all sorts, and the most students. Chicago may be, as its inhabitants confidently predict, the medical metropolis of the future, but New York holds that place now, and will probably continue to hold it a while longer.

And, since New York has the honor of being the medical metropolis of the country, therefore, it is the more necessary that increased effort be made in

New York State to advance the interests of Eclecticism.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE:—Will you give me, through your columns, the Eclectic treatment of small-pox. As you are aware, we are fighting an epidemic of this terrible disease, and must find some way of meeting it besides the "do nothing" method laid down in our text books. I doubt the value of vaccination, although I am not opposed to it. But, whether vaccine virus is a prophylactic of small-pox or not, is not to the point; I want an effective treatment for the condition when it is present—a treatment that will materially lower the death-rate. A. G.

MONTREAL, Canada.

EDITOR ADVOCATE:—In the August number of *ADVOCATE*, "Subscriber" asks for a successful mode of treating chronic enlargement of the tonsils in children without resorting to excision. Try tannic acid in solution: Inject the enlarged gland, by means of a hypodermic syringe, with a strong solution, about every three or four days, until the gland has shriveled up. The throat may be gargled with a weak solution two or three times a day during the treatment. If the child is unable to gargle, use a camel's-hair brush. If this treatment is carried out faithfully, the knife need never be resorted to.

A. E. BERESFORD, M. D.

GERMANO, Ohio.

EDITOR ADVOCATE:—Please give, in your next issue, the formulæ of the following preparations: Warburg's Tincture; "Cuticura Resolvent;" "Dr. Pierce's Golden Medical Discovery."

DRUGGIST.

EDITOR ADVOCATE:—What is the best treatment (Eclectic) for pericarditis in inflammatory rheumatism? Have been taught the use of antiphlogistic measures, but am not satisfied with results.

REYNOLDS.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to this department such formulæ as have proved useful in their practice.]

WARBURG'S TINCTURE.

The following is said to be Dr. Warburg's own formula, first published in 1875:

$\mathcal{R}$. Socotrine aloes.....	lb. 1
Rhubarb (East Indian).....	oz. 4
Angelica seed.....	" 4
Confect. of damocratis.....	" 4
Saffron.....	" 2
Fennel seed.....	" 2
Prepared chalk.....	" 2
Gentian.....	" 1
Zodoria.....	" 1
Cubeb.....	" 1
Myrrh.....	" 1
Camphor ..	" 1
White agaric.....	" 1

Mix.

These ingredients are to be digested with five hundred ounces of proof spirit in a water-bath for twelve hours, then expressed, and ten ounces of quinine sulphate added, the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor, when cool, is to be filtered, and is then fit for use.

FOR DYSMENORRHOEA.

$\mathcal{R}$: Ext. dioscoreæ vil. fluid....	3 iij
Ext. viburni opuli fluid.....	3 iij
Ext. pulsatillæ fluid.....	3 iij
Syr. simp. q. s.....	3 iv

M. Sig.—Teaspoonful every two to four hours.

CUTICURA RESOLVENT.

$\mathcal{R}$. Socotrine aloes.....	3 j
Powdered rhubarb.....	3 j
Iodide of potassium.....	3 ss
Whisky.....	Oj

Macerate over night and filter.—*Nat. Drug.*

FOR ALCOHOLISM.

$\mathcal{R}$. Tr. capsici.....	3 iij
Spts. ammon. aromat.....	3 iij
Tr. columbæ.....	3 j
Tr. card. comp.....	3 vj
Aquæ ad.....	3 viij

M. Fiat mistura. Sig.—A tablespoonful with the same quantity of water every two hours, or when craving for drink comes on.—*Med. Bulletin.*

FOR SWEATING IN PHTHISIS.

$\mathcal{R}$. Acidi gallici.....	3 ss
Ext. belladonnæ.....	gr. ij

Ft. pil. No. X. Sig.—Two pills at bedtime.—*Prof. Bartholow.*

SELTZER APERIENT.

$\mathcal{R}$. Rochelle salts.....	oz. 39
Bicarbonate of soda.....	" 20
Tartaric acid.....	" 18
Sulphate of magnesia.....	" 11.

Dry each separately at a heat not exceeding 120° Fahr.; powder and pass through a sieve. Mix thoroughly and bottle.

DR. PIERCE'S GOLDEN MEDICAL DISCOVERY.

$\mathcal{R}$. Fl. ext. cinchona.....	oz. 16
Fl. ext. columbo.....	" 4
Fl. ext. guaiac.....	" 8
Fl. ext. liquorice.....	" 4
Tinct. opium.....	" 1

M.

BULL'S BLOOD SYRUP.

$\mathcal{R}$. Iodide of potash.....	dr. 12
Red iodide of mercury. ...	gr. 2
Tinct. of poke root.....	dr. 3
Comp. syrup of styllingia..	oz. 6
Simple syrup, to make....	pt. 1

M.

--*National Drug.*

FOR ENURESIS.

$\mathcal{R}$. Ext. scutellaris lat. fluid....	3 ij
Aquæ.....	3 j

M. Sig.—1 teaspoonful three times a day.

JIM-JAMS.

$\mathcal{R}$. Bromide potass.....	gr. xxx
Hydrat. chloral.....	gr. xv
Magend. sol. morph.....	m. v
Syr. orange peel.....	3 j
Water, q. s.....	3 iv

M. Dose: 3 ss, as directed.

—*Columbus Med. Jour.*

OUR PORTRAIT GALLERY.

Portraits of the following physicians appeared in the *Advocate* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rodas Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch

MAY:

- VI. Dr. J. J. M. Goss.
- VII. M. Louis Pasteur

JUNE:

- VIII. Dr. Richard E. Kunzé.
- IX. Dr. Wooster Beach.

JULY:

- X. Dr. William Bell.

AUGUST:

- XI. Dr. L. E. Russel.

SEPTEMBER:

- XII. Dr. Anson L. Clark.

XIII.

James Anton, M. D.

BY

DR. ALEXANDER WILDER.

The first object that attracts the attention of the spectator at the meetings of the National Eclectic Medical Association, is the "darksome man" who supervises its exchequer. His swarthy countenance, prominent features, and gleaming eye, impress the sense of his individuality too deeply to permit him to be soon lost out of mind. That impression is made a pleasant one by his genial manner, unfailing courtesy, and vivid sentiment of right. Whoever transacts business with him must be very morose or cold-blooded not to be after that his cordial friend.

Dr. Anton is a native of Scotland, and was born at Huntley, in the county of Aberdeen, November 12th, 1819. His parents were industrious, pious, and honest, but of limited pecuniary means, and unable to give their children more than a limited education. This was the more untoward in his case, as he had received an injury of the spine in infancy, which compelled him to walk with crutches. As he was unable to do field-work, his parents placed him with a tailor to learn the trade. His master failing, he worked two years in the city of Aberdeen. He now asked his parents permission to go to America. They withheld their consent, till his persistence won the victory. The mother was first to yield; he overheard her pleading with his father that, if he had set his mind upon going, he would never give up the purpose; and that as he was temperate and had no bad habits, she had no fear that he would not get along. This led him to reflect that perseverance and good habits had enabled him to carry his point; and he resolved to adhere to them, and rely on them for success in his future endeavors.

Leaving home in June, 1833, he landed in New York on the first of August, after a voyage of six weeks. No steamer had then crossed the Atlantic ocean; it was years after when Dr. Lardner proved, by ample demon-

strations of exact science, that it could not be done. Here he received employment for two years, and then resolved to make a tour over the country, and find a place to go into business for himself. He finally fixed upon Michigan City, Indiana, where he remained six years. He was popular with his fellow citizens, who elected him City Treasurer in 1841 as an independent candidate.

His eagerness for study impaired his health. He usually worked twelve or fourteen hours daily, and read medicine for two to four hours before going to bed. He was compelled to desist, and engaged in travelling for his health. His business had yielded him a comfortable income, but it was the era of land-speculation, his investments in city lots were rendered worthless by the financial crash of 1837. He must, therefore, do something to pay expenses while travelling, and accordingly engaged in lecturing, and teaching classes in physiology and sanitary science. He appears to have been a successful delineator of character: Parents consulted him in regard to their children; and his skill was often tested in prisons, to determine the probable crimes for which the inmates had been incarcerated. He passed such ordeals successfully. For example: A prisoner in the Penitentiary of Georgia was submitted to his inspection. He declared that he was totally unable to determine the crime; the man seemed to have no vicious propensity. He was of timid disposition, with a well-developed moral nature, and high sense of character. When the prisoner had been remanded, the officers informed Mr. Anton that the man had been convicted for murder, but that evidence had been obtained proving his innocence. He was released by order of the Legislature.

Taking ship at New Orleans, he sailed to Scotland to visit his mother. He then made a tour through the Highlands, and visited the principal cities of the North. He also waited upon George Combe, the distinguished author and phrenologist, who gave him a flattering reception. He was conducted through the Museum of the Phrenological Society, in which were collections of skulls, busts, and likenesses of individuals of all races and countries, from the most depraved and degraded idiots and criminals to men of the highest character and developments. The correspondence of personal history and physical conformation was most remarkable, and Mr. Anton felt that he was amply repaid for all his expense and trouble.

He next visited England, sailing finally from Liverpool to New Orleans. True to his faith in phrenology, Prof. Anton chose the ship in which he should sail, after an examination of the Captain's head. The voyage was long and full of peril. His vessel, when coming out, had been becalmed, prolonging the time to six weeks; now the return journey was extended to a similar period by storms which carried the vessel out of its course. One day, while the ship was scudding six miles an hour without sails, apparently at the mercy of the tempest, the captain asked Mr. Anton whether he still had confidence in his seamanship. "I have," he replied, "all that

I ever had." The result justified his belief. Other vessels were badly damaged and lost men overboard; but that vessel sailed into port unharmed.

The next five years were spent chiefly in the Southern States, travelling and lecturing. In this way he became familiar personally with the leading public men, as well as the social condition of the different classes. His health had now become firmly established. In the spring of 1853 he married Miss Rebecca Van Cleve, of Wayne County, Ohio; and the two, the next winter, matriculated and attended lectures at the Eclectic Medical Institute of Cincinnati. After he had graduated, they travelled about a year, and then made their home at Russellville, Illinois.

The Thomsonian and Old School physicians of that region had found their highest enjoyment in traducing each other's practice. Now, however, they both alike regarded the Eclectic as an intruder upon their domain, and co-operated in the effort to drive him away. Dr Anton quietly left them to do all the quarrelling, while he devoted himself to his work. When the facts transpired that he administered cold water freely to patients suffering from fever, that he permitted and even required them to have abundant access to fresh air, and employed bathing and good food in treatment, they were loud and even vociferous in denunciations of mal-practice and predictions of fatal results. Patients had long been so misinstructed that they believed it wrong to consider themselves recovering, except they had been copiously purged by drugs administered to "act on the liver." He held the notion to be calumnious of that organ, and that the stomach and bowels were abused by cathartics. When, however, they did actually recover in a time unexpectedly short, without having been subjected to the usual tortures of thirst, nauseating, blistering, and salivation, they became his champions.

A Thomsonian practitioner suffering from a chronic disorder, for which he had consulted members of his own fraternity, and even an Old-School physician, finally consulted him. Dr. Anton began by requiring a change of diet, and a change of sleeping apartments from a room immediately over a damp cellar to one that was dry and exposed to the sun. Gentle tonic medication was sufficient to complete the cure. The man gratefully acknowledged the service. "I had supposed," said he, "that I knew how to cure disease by medicine alone; but yours are the better methods. I am old, and will quit practice and attend to my farm. You may have my saddle-bags."

Dr. Anton remained at Russellville four years, enjoying a remunerative practice. He then sold out and removed to Patoka, Indiana. This, too, was a "malarious" region, and he soon had abundant employment. The bad roads, often overflowed and almost impassable, made the place intolerable; he sold out the next year, 1859, and made his home at Lebanon, Ohio, his present residence. It was a temeritous undertaking; this place abounded with Old-School practitioners who had lived there many years, and were of the most rigid "regularity." No sooner did they learn that

he was an Eclectic, rejecting mercury and bleeding, than they began to denounce his methods as quackery. He was thus well advertised, and soon had as remunerative business as any of them. One expedient resorted to was to underbid his charges. They also carried the matter into politics, and sought to defeat Dr. Anton's patrons when they became candidates for office. Several of them have relented somewhat in their bigotry, and behave toward him like well-bred men; others exhibit the traditional and conventional malignity. He is denounced as a skeptic in religion, and many were prejudiced against him for his activity in behalf of temperance. Yet, as a physician, he deservedly stands high; his character is without a blemish, and his skill is generally acknowledged. He became a candidate for Congress in 1872, on the Democratic and Independent ticket, but was defeated, chiefly by the efforts of his professional rivals.

Dr. Anton is an Eclectic from conviction. He is in no sense a man of policy. Self-interest would not make him swerve. He promptly united with the Eclectic organizations, local, State, and National, as one of the highest duties of an Eclectic physician. He joined the Indiana Eclectic Medical Association, at its first organization, in 1858. On removing to Ohio, he united with the Miami Valley Eclectic Medical Society, and became its President. He also became a member of the Ohio State Medical Association, at its first meeting; and in 1872 he joined the National Eclectic Medical Association. In 1876, he was elected Treasurer of that body, at its meeting in Springfield, Ill., and has held that position by annual election till the present time. He has also been Treasurer of his State Society for the last twelve years. No man is more earnest, zealous, and unselfish than he in his efforts and appeals to sustain the Eclectic organizations, and no one is more generally esteemed.

In 1880, he accidentally contracted erysipelas and septicæmia while treating a patient. A dangerous illness supervened, which only his previous good habits, strong physical frame, and indomitable Scotch will enabled him to resist. But the fingers of the right hand were ankylosed, and only by persistent using of them was he able to move and bend them sufficiently to handle a pen. He also suffered in the lower limbs, making locomotion even more difficult than before. Though he had never walked except with a crutch and cane, he never before regarded himself as actually crippled. Yet he holds out with characteristic firmness, resolute to live and do and maintain what he believes to be right.

He had amassed a handsome competency, and had all things ready for a quiet old age. But it having been proposed to construct a railway from Lebanon to Cincinnati, he was induced to make a liberal subscription. The usual experience followed, of misapplication of funds and general rascality. Litigation followed; but not redress. "Good money followed after bad," and now Dr. Anton and others are crippled in their resources by a species of dishonesty which Courts proverbially fail to punish, if they do not actually connive at the enormity.

Dr Anton may be described as a typical Eclectic. He possesses the strenuous purpose which characterized the old pioneers; he detests meanness and subterfuge; he honors his profession, and does what he may to exalt it. Every man is a debtor to his profession; but Dr. Anton has defrayed his indebtedness.

ECLECTIC SELECTIONS.

PHYSICIAN'S MISTAKES AND THEIR LESSONS—By Geo. Covert, M. D.—In the practice of our profession, our success depends not so much upon a profound knowledge of abstruse and scientific themes, as upon knowledge accurately and unerringly applied to the case in hand and its conditions.

A whole chapter might be devoted to blunders occurring through the agency of the drug morphia, through careless handling or mistaken use of it. A physician, not far from my home, took a ten-grain dose by mistake, and his life was saved only through heroic exertion. Not so fortunate another physician, who, while under the influence of liquor, gave his patient morphia instead of quinine, but with fatal result. It would be unnecessary for me to enforce the obvious lesson, that every physician should be sober, at least when he prescribes.

Some cases have come under my observation, where morphine has been purposely given to old people, and proven fatal.

Also when given by hypodermic injection, in cases of collapse, it has proven equally fatal. I make these deductions: Never give an opiate to an old person with a feeble circulation unless it is combined with its antidote and stimulant. In cases of collapse, *never* employ morphine at all. It must of necessity prove as fatal as did bleeding in such a case, of which I had knowledge.

Many and varied are the ways by which the medical blunderbuss may distinguish himself. I knew an old practitioner to give his own child a dose of varnish, mistaking it for castor-oil. Another administered veratrum viride in place of ergot. Result in each case fatal. The sad commentary is the growing tendency to carelessness on the part of the old practitioner. Another physician "gave himself away" by poulticing a dislocated hip for a sprain. Consequence, patient crippled for life. Another set a fractured radius, and did a

good job, but overlooked a dislocated wrist—same arm. Also, a physician had an obstetrical case, and finding breech presentation, immediately gave pulsatilla, decillionth potency. Finally, when the perineum was ruptured, the doctor exclaimed, "what a pity I could not have been called earlier, the pulsatilla would have turned the child."

A serious blunder committed by a high-minded and over-confident diagnostician was in tapping an ovarian cyst, supposing it to be a case of abdominal dropsy. Plunging his lancet through the walls of the abdomen, he inserted his catheter, but, to his dismay, failed to obtain a flow of fluid. As the sequel showed, the point of his lancet penetrated the cyst, the contents leaked into the abdominal cavity. The error caused the patient much suffering, and terminated in death. The lesson is this—in performing paracentesis, where there is the least doubt, a trocar and canula are indispensable, but the instrument *par excellence* is the aspirator needle.

Equally serious in its consequences was the blundering and irrational treatment of the following case: The patient, a child ten years of age; the disease, inflammation of the bowels; the treatment, an injection of *two quarts* of warm soap-suds; result, an almost immediate collapse and death. A tender and inflamed bowel could not endure the extreme tension.

In this connection, I will cite another case of inflammation of the bowels, in which the physician gave mercury to move the bowels. Subsequently, he was soundly berated by the friends for not having given it sooner, as death ensued previous to evacuation, which latter occurred when the deceased was being laid out!

Two other fatal cases have come under my observation where mercury was given in inflammation of the bowels.

These opportunities for observation have convinced me that active physic, under like conditions, is quite as fatal as large injections. The reasonable method would seem to be to subdue inflammation first, then make use of mild laxatives, abjuring active cathartics, especially mercurials.

Mistakes, when not too serious, often have a ludicrous side to them; for instance, a physician poured camphor into

the ear of one who came for relief from a bug which had inadvertently sought refuge there. The beneficent act was not wholly satisfactory. The patient escaped from his physician a howling maniac of the most active description, for the time being. The lesson is obvious: never pour an alcoholic mixture upon the sensitive membrane of the ear. Soothing olive oil would just as effectually have drowned the bug.

The mistakes of the ignoramus who practices medicine are a lesson, and are ridiculous through their assumption of wisdom. A young man, son of a physician, was being examined for disease of the chest. The examiner, while manipulating in the region of sternum, inquired if he had pain in the stern. The young man repudiated the notion that his "stern" was located in his chest, and in disgust left his acute examiner to the solitude of his own wise cogitations.

The same physician poulticed the left side three days for enlargement of the liver, but without abatement of the symptoms. The doctor exhibited equal anatomical knowledge, when he reported having treated a number of females with disease of the prostate gland! He also reported a decease for registry, the cause of death being given as "numony."

Perhaps he had a new nomenclature of diseases, as another patient was reported to have "pleurisy" in the head; while another, in a minister's family, had "scarlet agnus." However, the reverend gentleman, being a classical scholar, was not taken in by the *red-lamb* appellation.

Another case he diagnosed as measles, and declared the measles well out; but, as there was something peculiar about them, though they must "gether up and break." I subsequently treated the case as small-pox. But the most ludicrous is to follow: There was a family afflicted with rubeola; the first case our wiseacre pronounced scarlatina; the third "had 'em mix't!" The father, a Dutchman, was of course very much frightened by such a terrible complication of diseases, and our diagnostician lost the care of those remarkable cases.

Unfortunately his mistakes often assume a solemn phase. Not long since he treated his patient, a vigorous young man, for malarial fever one day, for ty-

phoid fever the next day, and upon the third day the convulsions of cerebro-spinal meningitis supervened, ending the life of his patient.

The father of this young man was attacked at the same time with pneumonia. Our ignoramus proposed to "reduce his patient, and then build him up." He was not familiar with the important principle *vires vitales sustinere*, and so there was another funeral in the family within the week.

Three cases in one family were as follows: They were attacked with acute catarrh; from indiscretion in diet, they had more or less emesis, a symptom of scarlatina, and the disease was so named the first day; the second day it was "numony;" the third day they changed physicians, and had simple catarrhal fever.

Also, for obstruction of the bowels, he gave nine pills of blue mass as large as marbles; result, peristaltic action was reversed, the pills ejected, and the obstruction *unremoved*. Yet this man, a rank ignoramus, can hold up to the gaze of the community a diploma, obtained without attendance upon lectures, from a Chicago doctor-mill recognized by the Illinois State Board of Health!

Physicians with a scant knowledge of etiology and pathology, who treat *symptoms*, blunder amazingly in diagnosis. I knew one recently to treat a case of partial hemiplegia, with aphasia, as typhoid fever for five weeks, on account of some symptoms in common.

Another case, of varioloid, head of the family, was treated as bilious attack, and the eruption explained as "nasty little cat-biles;" when a child came down with variola, equally astute council was called, and a conclusion reached that a foreign disease had been contracted while away on a visit. I had the opportunity of vaccinating the other members of the family at once, eleven days after exposure, which markedly modified the disease.

The above errors were serious, but no more lacking in judgment than the following: Two physicians, in an obstetrical case, instead of performing craniotomy, used forceps with traction, and consequent catastrophe. The head of the child rolled across the floor, and the patient sank back a corpse!

I might enumerate instances of mis-

takes, from personal knowledge, *ad nauseam*. These citations abundantly emphasize the mistake of most common occurrence, the radical mistake of supposing that technical or thorough medical education may very well be dispensed with in the practice of medicine; that disease may be successfully combated without any knowledge of even the A, B, C's of the profession; in short, that the healing power is a gift, and in no wise dependent upon knowledge and skill acquired by hard study, diligent research, and patient, long-continued application. The man who practices medicine upon this basis is no more and no less than a quack, and whatever credentials he may have come into possession of, is not entitled to fraternal relations in the medical brotherhood.—*Med. Times*.

GLONIN.—The one per cent. solution of nitro-glycerine occupies a quite important niche in our case of remedies. It unquestionably has an affinity for the cerebral circulation, and probably through the sympathetic nervous system. The entire circulatory system is more or less influenced by it, therefore its cerebral effects are the result, in all probability, of an influence specially exerted upon the vaso-motor nerves of that region.

In some forms of headache it produces very prompt and favorable results. Menstrual headaches, especially, are very markedly impressed by it. Homœopaths speak and write very favorably of it in the results of sun-stroke, and in headaches aggravated and brought on by hot sunshine. Any headache attended by throbbing, not due to inflammatory or febrile disturbance, is likely to be benefited by it. Indeed, we have found some benefit in disturbances of the cerebral circulation attended, not by pain or throbbing, but by dizziness. In these cases the dose must be larger than where there is an active state with throbbing.

As a remedy for neuralgia it has quite a reputation. We have not employed it in such cases.

The dose of the one per cent. solution may vary from one-third to one-half drop every three or four hours.

While carrying a vial of this strength in the vest pocket, not long ago, the

cork was accidentally displaced and the medicine spilled, saturating vest and coat. Within an hour from this time we were suffering from a severe headache. Cephalalgia not being common with us, we attributed it to the emanations arising from the medicine. A Homœopathist would certainly have been affected from it. The peculiarity in this case was that the sufferer should have been an Eclectic.—*Cal. Med. Jour.*

BISMUTH FOR ITCHING IN SKIN DISEASES.
—The value of bismuth in alleviating the intense itching and irritation which accompanies chronic eczema and other forms of skin disease, is less known than it ought to be. In some obstinate cases, in which the inflamed condition of the derma is aggravated and kept up by the constant scratching and rubbing which the patient finds it impossible not to indulge in, we have found an ointment containing bismuth in the proportion of half a drachm of the subnitrate to the ounce of simple ointment, rubbed up with a little spirits of wine, and applied freely to the skin, gives great relief. We are indebted to Dr. McCall Anderson, of London, for the suggestion, and have certainly found the ointment far more efficacious as a soothing remedy than the benzoated zinc ointment, more commonly used. Dr. Anderson, in recommending bismuth, directs that the ointment must not be made with benzoated lard, or the reverse of a soothing effect will be produced.—*Mass. Eclectic Med. Jour.*

HOMŒOPATHIC SELECTIONS.

GONORRHOEA AS A CAUSE OF DISEASE IN WOMEN—Is too generally overlooked or ignored. That many women suffer from this cause without being aware of any possible exposure to it is equally true. That the gonorrhoeal poison remains and may be transmitted long after the primary or acute symptoms have disappeared is a well established fact. In a paper read before the "Society of Naturalists and Physicians," Sanger, of Leipsic, claims that gonorrhœa furnishes a larger per cent. of chronic affections of the pelvic organs than puerperal fever or syphilis, and that of all forms of tubal disease, the gonorrhœal are by far the most frequent. He thinks it probable

that the infectiousness of latent gonorrhoea may be due to the presence of a spiral form of gonococcus, and he considers it more dangerous and more persistent than is generally realized. He advises for women affected, a one per cent. solution of merc. cor. sub. as an injection, both vaginal and uterine; and, if the fallopian tubes are affected, they should be extirpated. Not only is disease traceable to this cause, but a surprisingly large percentage of sterile women are undoubtedly the victims of this poison which destroys the vitality of the spermatozoa, whether existing in the male or female. Statistics show that 90 per cent. of all sterile women are married to men who have had gonorrhoea either before or after marriage; and, while this does not prove that this is the cause of the sterility in all these cases, the connection is significant, and it should be borne in mind that a very considerable number of these sterile women are so only because their *husbands* are sterile, and this latter fact is more frequently a result of gonorrhoea than any other cause, as one in every six who have had this disease are found by careful examination to be incapable of producing healthy spermatozoa. This disease, then, which many physicians treat so lightly, as of little consequence, should receive more serious attention and its victims warned of the evil consequences which are likely to follow it, and if a solution of merc. cor. will destroy the poison, or the germ, if it be a germ, many men ought to be soaked in it for a considerable time before being allowed to marry.—*Jour. of Gyn.*

THE SMALL DOSE.—Two months ago, writing on the subject of "Homœopathic Medicines," we said that, strictly speaking, there were no such things. With still greater emphasis may we say there are no such things as "Homœopathic doses." Homœopathy has indeed something to do with medicines, but with doses it has nothing to do whatever. Homœopathy refers simply to the selection of the appropriate remedy for any case; when a medicine is given in an illness like that which it is itself capable of producing, the medicine is homœopathic, and the practice is homœopathy. Homœopathy has no more to do with the dose in which the medicine is given

than it has with the bottle in which the medicine is dispensed. It would be just as reasonable to talk about homœopathic bottles as it is about homœopathic doses.

It is true that Hippocrates, when he laid down the maxim that some diseases were cured by likes and some by contraries, said that for a disease to be cured by "likes" the dose must be smaller than that required to produce the diseased condition. But even this is not always the case. Cures do occur by medicines homœopathic to the disease when the medicines are given in massive doses; and often cures are accomplished homœopathically in one patient, when the drug is given in doses which would produce the like disease in another.

But for all that the Hippocratic maxim was sound. Although homœopathic cures do take place from massive doses of medicines, it is found in practice that the curative effects may be obtained by much smaller doses, and the other effects of a drug, which are not required, avoided. When Hahnemann found that the dictum of Hippocrates embodied a truth well-nigh universal in regard to medicines, he soon found that his rule about smaller dosage was a piece of sound deduction from practice. But Hahnemann did not arrive at the very minute dosage all at once. One of the instances of homœopathic cure he has related was effected by the mother tincture of *Bryonia*. To say that the dose must be smaller than that required to produce physiological effects was not to say very much; and Hahnemann at once began to put it to the test of practice. He found that by gradually attenuating medicines, whether by triturating them or diluting them, in some cases their power of curing was actually increased. His process of attenuating was a peculiar one. It was done in a graduated method, so that perfect division of the substance was effected at each stage of the process.

That there is nothing inherently ridiculous in an increase of power from fine division, the facts of every day life and of old-school medicine abundantly testify. Everybody knows that the finely powdered sugar used at dessert is a much more effective sweetening agent than sugar coarsely ground; and every medical student knows that whilst metallic mercury is inert, and may be swallowed

by the pound, the same substance when finely divided, as in grey powder, must only be taken by the grain. Hahnemann, acting on this hint, has proved that mercury is not an exception to, but only an example of, a general rule, and that many inert metallic substances develop a medicinal power only when reduced to a state of fine division.

But it will be seen that this is purely and simply a deduction from practice, and that it has nothing whatever to do with the principle of homœopathy. It may be added that we have no clue given us as to the selection of any given attenuation for any given case. Experience is our only teacher here, and to a great extent each practitioner must take his own experience for guide. The large majority of those who accept the homœopathic principle, practice generally with the medium attenuations; some go very much "higher," as it is now called, or "lower" as it used to be called—using medicines far more finely attenuated than Hahnemann ever did; and some go to the opposite extreme and use nothing more dilute than the mother tinctures. The adherents of each method have cures to report where different methods have been tried and failed. For our part, we believe that with some medicines, and for some cases, medicines are better given very little diluted, and for others they are more effective in the high attenuations; and we hope that some day a rule may be found to guide us in the selection of dose, as a rule has been found to guide us in the selection of the medicine. At present we have only the guidance of experience. This teaches us that in every case the curative effect of a drug may be better obtained by a dose that is too small to produce effects other than those desired, and that in many instances the curative power of a drug is greatly enhanced by reducing it to a fine state of division. Hahnemann's demonstration of this fact has been hardly less beneficial to the practice of medicine than his demonstration of the truth of homœopathy; indeed without it homœopathy could never have been the brilliant success that it has been. But for all that the small dose is not homœopathy, and to speak of "homœopathic doses" is to use a phrase that has absolutely no meaning at all.—*Hom. World.*

THE CHOLERA.—The cholera epidemic in Spain appears to have spent its force, but not till it has visited with terrible effect nearly every part of the country. When the tale of deaths is fully told the total will not fall far short of one hundred thousand, even if it does not exceed this appalling figure. As is usual, the mortality in the decline of the epidemic is not so proportionately great as it was when the disease first broke out;—about a third of those attacked now die, whereas considerably more than half died at first. Though Spain has borne the brunt of the attack, the disease has not confined itself within the Spanish frontiers. Marseilles and Toulon have again been visited. This is somewhat unusual, for the disease rarely appears in the same town two years in succession. But in these places the epidemic has been nothing to compare in violence with that of 1884. Italy seemed likely to escape, but cases of the disease have appeared at Parma, Palermo, and elsewhere. Last year it will be remembered that cases were reported from Cardiff in our own country, and this year again one undoubted case has occurred there, terminating fatally in a few hours.

And now what have we learned from all this terrible experience about the disease or its treatment that we did not know before? About the disease itself we have learned nothing. That it depends on a great number of different factors was known long ago, but what may be the determining factor in any epidemic we know no more than ever we did. The comma bacillus may or may not be concerned in producing the disease: Kleinswallows myriads of them in a glass of water and suffers no ill effects; a workman at Cardiff drinks foul water from a cask, and dies of cholera in three hours. Nor does Dr. Ferran's great experiment teach us anything definite. In some instances disastrous results have followed; and in those cases where it does seem to have had an effect in warding off the disease, the beneficial action of his process appears to have been on the mind rather than the body. Nothing is worse than fear in producing a susceptibility to cholera, and the people who believed in Ferran and were inoculated may have been cured of panic, and thus placed in a better position to resist the disease.

And if we have learned nothing about the disease itself, what shall we say of the treatment? This is indeed a melancholy subject. There can hardly be said to have been any treatment at all. Not that cholera is not as susceptible of treatment as most disease, but the ignorance of medical men in general, and Spanish medical men in particular, of how to treat cholera patients is so absolute, that scarcely any was attempted.

If there is one thing certain in medicine it is that *copper* is a prophylactic against cholera. If there is another thing certain it is that *camphor*, taken at the very beginning, will cut short an attack. And yet Spain delivers up its 100,000 victims without a thought of resorting to either of these simple expedients; and the allopathic medical profession throughout the world utters no word of astonishment! If each man, woman, and child in Spain had worn a plate of copper when the epidemic first appeared, and if every family had been supplied with a bottle of RUBIN's tincture of *Camphor*, to be taken in one to five-drop doses every fifteen minutes when any diarrhoea occurred, we have no hesitation in saying that the epidemic would have been checked at the beginning, and this tale of awful mortality would never have been told. But no! Scientific investigations and filthy inoculations are the order of the day. Copper and camphor may prevent the disease, and cure the patients who have got it, but they have not received the stamp of the orthodox medical profession. Where the leaders of the profession prefer darkness to light, what wonder is there that people die?—*Hom. World.*

GELSEMIUM IN PROFESSIONAL NEUROSES.
—Dr. J. Galley Blackley shows by quotations from the writings of T. F. Allen, Ringer, and Murrell, and the monograph on Gelsemium by the Hughes Medical Club, that Gelsemium is homeopathic to writer's cramp. He reports two cases of professional neurosis cured by this remedy. The first occurred in an organist. He received *Gelsem.* 1st, one drop three times daily. With the exception of enforcing regularity in meal times, no alteration in his mode of life was made. At the end of ten weeks a complete cure had been accomplished.

The second was a case of similiar character in a flute-player. *Gelsem.* was prescribed as in the other case. In two months' time he was well.—*Monthly Homœopathic Review.*

PERISCOPE.

COUGH.—By J. Milner Fothergill.—In this day of physical examination of the thorax some other matters have almost dropped out of sight. The old physician who recently declined the loan of a stethoscope by a young clinical assistant for the diagnosis of pneumonia, saying, "Thank you, young man; but I think I can detect pneumonia without a stethoscope!" could no doubt have taught that youth much that would be useful to him. A stethoscope is a capital instrument in the hands of a man who knows its use; but it has undoubtedly drawn attention away from what may be termed rational consideration of the chest, and judicial handling of what the patient has to tell, which furnishes a clew to the treatment; a matter on which sometimes the stethoscope is silent. It is not that physical examination is not the most valuable means of acquiring certain information; but that this other information is apt to be overlooked or underestimated; and thus a good proportion betwixt the two means of examination is lacking.

A cough is a forced expiration to eject some offending material from the air-tubes, just as a sneeze clears the nares. But suppose the offending or irritant matter can not be ejected, what then is the value of the cough? Nothing whatever. There is, then, much useless cough, as well as useful cough. Other matters than something in the air-tubes may set up a cough. Thus we find cough equally present when there is some phlegm in the air-tubes; when there is a mass of tubercle undergoing softening; and in the pulmonary congestion of a mitral lesion. A crumb in the larynx will provoke violent cough; and so will other laryngeal irritation. All know the brazen trumpet-like cough of aneurism of the aortic arch pressing upon the recurrent laryngeal nerve, a cough closely simulated in character at times by a neurosal cough. This last was so marked in two girls that their

cough told when they were on the hospital premises. It is needless to say their departure was always expedited. Then, cough in the form of "hawking" is exceedingly common in pharyngeal disturbance.

There is, too, cough unconnected with the air-passages and the respiratory organs. There is the well-known cough of pregnancy, the "nine months' cough." There is ear-cough, said to be connected with the tympanic branch of the glossopharyngeal nerves, which is set up by irritation in the ear. There is the cough of gastric irritation, common with alcohol indulgence. In one case, at least, known to me, diarrhea always set up a cough. Cough of the "hemming" character, often misinterpreted as the short cough of early phthisis, is found commonly in girls at or after puberty, linked with ovarian or spinal irritation. It is clear, then, that cough has various causal associations.

The importance of reflex cough need not be considered here; nor yet the means by which it may be relieved. In all reflex actions the bromides suggest themselves at once. If the exciting cause can be dealt with, then the resultant cough is relieved.

It is rather the intention here to consider cough from its clinical and therapeutic point of view, and to see what indications it furnishes us for treatment. For instance, in "heart cough," *i. e.*, where the cough—a hard, dry cough—is set up by congestion of the pulmonic or lesser circulation by some dam or block at the mitral ostium, sedatives are more undesirable.

Such cough is most commonly found in a young girl with mitral lesion. One such case I well remember when the resident medical officer of the Leeds Public Dispensary. The girl, a child of twelve, had mitral regurgitation—an injury inflicted upon her previous to her coming under my notice. Digitalis and iron improved the general condition, and with it the amount of cough; but still the child, a bright neurosal creature, coughed considerably. She ceased to attend, but some weeks later her mother came and made a frank confession to this effect: "Doctor, I thought the girl ought to have some cough medicine, and when I asked you for it, you always refused to give her any. One day I came

when I knew you would be out, and got one of your assistants to grant me some cough stuff. It acted like a charm; but she soon fell off and lost her appetite, and could not get about; and now there is dropsy in her ankles. She is so bad, I want you to do what you can for her." Appropriate treatment soon restored the child to her ordinary condition; but her mother did not hanker after cough medicine after this experience. This case illustrates vividly the disastrous effects of allaying the cough when due to pulmonary congestion. For a little time it gave relief, but the after condition was worse than the first. So much for the indication afforded by cough under one set of circumstances, the case just mentioned by no means standing alone.

The consideration of "useful" and "useless" cough may now engage our attention. It is a matter involving the gravest thought, and well deserves our best consideration. We will take cough in bronchial cases first. There is in the early stages of acute bronchitis much useless cough set up by the dry mucous membrane, and the means for its relief have been set forth in a preceding article ("Bronchitis, Acute and Chronic.") Then it was said there existed no particular objection to opium, which gives great relief. But in such case the sedative is combined with other agents of a relaxant character, as tartar emetic or aconite. As soon as free secretion comes the cough changes its character. It is no longer the dry, harsh, shaking cough of ineffectual effort, raising nothing, but becomes the less painful, truly expulsive cough of successful effort. Now, what we are required to do is to give stimulating expectorants, and so help and improve the character of the expulsive cough. There is usually at this point no indication for opium, and none is required unless it be a little at bedtime in certain cases.

It is rather in chronic bronchitis with little expectoration and much bronchial irritation that the question of decision taxes our best mental energies. In some cases the rest at night is broken by irritant cough, and then the question raises of the lesser of two evils. If the opium arrest the secretion, and so render it tougher and more difficult to get up; if the opium brings lethargy to the liver, impairing the appetite, and locking up

the bowels, still it gives the patient rest. Consequently it may become necessary to administer it. But it should be given with benzoic acid in compound squill pill, and a little podophyllin or watery extract of aloes to counteract its undesirable effects in the alimentary canal. And by such combination no doubt the maximum of good with the minimum of bad effect can be secured. Numbers of chronic bronchitics under my father's professional care took such a pill every night for two years without apparent injury, while it added greatly to their comfort. (I refer to my father's experience in the cases because I served under him and saw his practice, my own experience of general practice being short.) But granting all this, the less opium in disease of the respiratory organs the better—as a broad rule. Sometimes some chloral, or bromide of ammonium with tincture of hyoscyamus, may seem indicated rather than opium, or even may be the best agent to employ in certain cases. But, in a general way, opium (in such pill combination as has just been suggested), with some alcohol at bedtime as a "night-cap," *i. e.*, whiskey or brandy and hot water, taken on getting into bed, is the best practice with chronic bronchitis. One great matter there is in such cases, never to be lost sight of by the patient, and that is to avoid passing from a warm sitting-room to a cold bedroom; the bedroom should also be warm. Another is to have the bed warmed by the old-fashioned warming-pan, or, perhaps better still, by a hot-water bottle, which can be pushed down to the foot of the bed (so as to keep the feet warm) when the patient gets into bed. This matter of equable temperature is very important, and many bronchitics toast themselves well before going up stairs to a cold, unwarmed bedroom, where they cast off their clothes, don a cold night-shirt or gown, as the case may be, then kneel down and say their prayers, and get into a cold bed. It is needless to say that no medicinal course can be successful in a case where this goes on.

Important as the matter of cough, and its indications for treatment are in chronic bronchitics, the matter of cough in chronic phthisis is even more important. There is the cough in the night breaking the sleep, and there is the

cough in the day shaking the sufferer; both objectionable and undesirable, and requiring to be dealt with. The circumstances under which cough is developed in pulmonary phthisis vary. Sometimes mere apex consolidation is accompanied by cough. Where there is bronchitis implication and localized bronchitis in the affected area this can readily be understood; but at times there is cough without the moist rales indicative of this condition. We are compelled here to suppose some irritation at the pulmonary fibres of the vagus, which is transmitted to the respiratory center, leading to a discharge producing the modified inspiration and expiration familiar to us as "cough." Belladonna is said to exercise a decided influence over these fibres, and so is indicated in such condition. (By this property belladonna, or atropine, is a desirable addition to an opiate for a night-pill.)

It has also been claimed for gelsemium sempervirens that it is useful in such cough by its action upon the nervous mechanism of the respiration. Bromide of ammonium suggests itself at once for the relief of such cough, from the known utility of the bromides in all reflex trouble.

One curious point there is about cough in its relations to static pulmonary consolidation, and that is this: Whenever a person possessed of a patch of consolidated lung has also the liver upset, then the irritation in the said patch with resultant cough is marked. No cough medicines nor antispasmodics do any good; but agents which act upon the liver, as a blue-pill at bedtime (or other mercurial), and a dose of sulphate of soda next morning, produce a distinct and unmistakable effect in lessening the cough. Consequently, when a patient complains of troublesome cough and an area of consolidated lung is found, it is often well to inspect the tongue and inquire into those subjective sensations experienced when a person is bilious or "liverish." From its known effect upon the liver, opium not only gives no relief, but positively aggravates the condition.

When a tubercular mass, or a portion of the consolidated area commences to soften—probably by the proliferating cells being so crowded on each other that they die; possibly by the appearance of bacilli on the scene—then we

can readily understand the oncome of cough, and often severe cough. The dead mass is an irritant—like the thorn of Van Helmont—as a process of ulceration cuts it off from the surrounding lung-tissue; and during the time the process is going on there is distinct local irritation setting up the cough. There is, too, hectic fever, with nocturnal pyrexia and night-sweats. In this condition it may become necessary to add some opium or morphia to the mixture of quinine or phosphoric acid so much in vogue for its relief; and whether any sedative must be added or not; and if so, what quantity, is a matter to be decided by the merits of each particular case. That some morphia is unavoidable to procure sleep in such condition goes without question; but it must be guarded by the additions suggested in the article on “Pulmonary Phthisis.” Such a condition is like a specific fever, or a storm at sea, in that it comes to an end sooner or later, and if the organism can be kept going, or the ship afloat till the end comes, all is well. Of course if there be but one softening patch the irritation set up is smaller than when there are several such morbid areas. In the latter case, opium in the day may be unavoidable; and its drawbacks must be met and got rid of, or neutralized, by such wit and skill as the medical attendant can command, either in himself or in some consultant of more experience or deeper thought. Above all things, keep up the powers by such food as the patient can take. The fever usually brings with it thirst. Then let the patient have cold beef-tea, with baked flour in it; malt extract, with effervescing water; milk, with a mineral water or whey; or milk diluted with water, and some Mellin's food added; and good home-made lemonade, with a fair amount of acid and sugar or malt extract in it. Rice-water, or barley-water, or tamarind water may be relished. Grapes and the juice of fruit are excellent. Alcohol may, too, be indicated. Sometimes it is neck or nothing. The patient must be heavily dosed with opium to allay the paroxysms of cough; aye, and there is something more than a cough, viz., the danger of hemorrhage from a ruptured blood-vessel in the softening area, brought about by the violent effort of cough. The poor patient is like a soldier with

bullets flying over his head; if he escapes one, another hits him. The patient is passing through a period of acute perils; perhaps rather, he is like a canoe shooting rapids stuffed with rocks; much, very much depends upon the boatman's skill and experience; something upon luck—and the patient's luck is the luck of a good constitution! If the softening areas be numerous or extensive, then the prospects of escape are small, and the skill of the steerer will be gravely taxed. In spite of everything that skill and assiduous attention can do or accomplish, the case may go on from bad to worse unto the inevitable end.

But, in my own experience of phthisis, cough has not been so prominent a matter as to require treatment in the day, except in a few instances. It is not common for the consumptive to be shaken by a racking cough requiring opium in the day. And on inquiring of an experienced sister at the hospital, who has watched the practice of many physicians, including the late Dr. Peacock, she informs me that my personal experience is in homony with that of other physicians at Victoria Park Hospital. It is at night that the cough is prevalent; and the use of opium, in combination with other agents, to procure a good night for the phthisical is a matter upon which there is general agreement.

When there is one or more cavities present, the use of opium is not affected by the fact. Indeed, a cavity is a matter of little moment, either one way or the other, therapeutically. Of course, the patient is no better for having a cavity; but the question is, Is he any worse? Patients with cavities die, certainly; and patients with cavities leave the hospital very greatly improved by their stay. As to the question of cough and its treatment, a cavity counts for nothing; the cough certainly may be connected with its contents, or perhaps the condition of its wall. But the fact of the patient being in the third stage of phthisis (following the classification of Pollock in his “Elements of Diagnosis in Phthisis”) does not affect the treatment.

Finally, in dealing with cough, the physician may observe and reason upon the cause of the cough, what it accomplishes, and how it affects the patient,

before proceeding to deal with it. Some cough is useless, because ineffective, and needs some stimulating expectorant to render it efficacious—a very common affair; some cough is useless from every point of view, and so requires a sedative; and here the physician must decide in each case which is the lesser of two evils—the cough or the sedative.—*London Med. Record*

STRANGULATED HERNIA.—I noticed in the *Review* of April 11th reference is made to a mode of reducing strangulated hernia, under the title—"A Simple Expedient in the Management of Strangulated Hernia," recently practiced by Drs. Hurd and Stewart successfully, consisting simply in dilating, with the index finger, the hernial opening or ring. The simplicity of the procedure and the results obtained by the above-named physicians warrant a trial of it in all cases before resorting to the usual operation with the knife. Braithwaite's *Retrospect* for January, 1857, contains an account of this method by Baron Lentin, under the title—"New Mode of Reducing Strangulated Hernia." He says that "with this mode of reducing strangulated hernia, which he has now practised for twenty years, he hardly ever, in his large practice, finds it necessary to have recourse to an operation."

A complete description of the method is given, closing with the following: "As a general conclusion, it may be laid down, that the facility and promptitude of this procedure, and the immunity that attends it, ought to diminish the gravity of the prognosis of strangulated hernia by rendering the circumstances under which recourse need be had to an operation quite exceptional. Such exceptional cases will be found (1) in old, irreducible hernia. (2) When the strangulation in inguinal hernia occurs at the internal ring. Generally the external ring and inguinal canal are large and allow of the easy penetration of the finger, and then the new method is applicable, and the rupturing or dilatation of the internal ring should be attempted; and the manoeuvre is rendered easier by the fact that in these cases the canal is much shortened and the two rings much approximated. If, however, the external ring is too narrow to admit the finger, an operation is required. (3)

When there are general symptoms of a gangrenous state of the intestine."—*Weekly Med. Review.*

POWDERED CRAB AS A MEDICINE.—A Russian paper says: "During the last fifteen years the inhabitants of a malarial locality in Kharkoo Government in Russia have used the *crab powder* with great success against the fevers. The powder is prepared in the following way: Live crabs are poured over with the ordinary whiskey until they get asleep, then they are put on a bread pan in a hot oven, thoroughly dried and pulverized, and the powder passed through a fine sieve. One dose, a teaspoonful, is generally sufficient to cure the intermittent fever; in very obstinate cases, a second dose is required. Each dose is invariably preceded by a glass of aloe brandy, as a purgative. The powder is used in that locality in preference to quinine."—*Scien. Amer.*

CAUSE OF GENERAL GRANT'S DISEASE.—If we go not beneath the surface we must say General Grant died of cancer. If we go further into causes, we see a psychological shock—a wounded spirit—which no organism trained, as his was, to a soldier's sense of honor, could withstand. The treachery of his financial associates to him and to the public who trusted the firm, through the association of his name with it, gave him the fatal blow of vital depression, which made the development of epithelioma a possibility and its early fatality a certainty.—*Alienist and Neurologist.*

THE DOSE OF CODEINE.—Schneider contends that the usual doses of codeine and its salts are quite ineffectual. In about thirty cases he has used it in doses ranging from a grain and a half to three grains, with the result of producing sleep for four or five hours or for the entire night, and without any unpleasant effects, except vomiting in one instance. He regards the drug as a great boon for victims of the morphine habit while they are under treatment, acting as a substitute and a palliative. In such cases he gives a grain and a half every three hours.

THE USES OF COCAINE.—Decidedly there is a future for cocaine. It is destined to have a permanent place in medicine, surgery and dentistry. The scope of its uses is not yet defined, but it is safe to say that its applications are widening as experiments with it are extended.

We have been especially impressed with this fact in looking over the literature of the subject recently issued by the house of Parke, Davis & Co., Detroit. They have published several most interesting pamphlets. One is entitled "Cocaine in Dental Surgery," another is a working bulletin on the drug containing a variety of original material, and a third a well composed collation of what has been reported about it in home and foreign medical literature. These pamphlets will be sent without charge by the house to any one mentioning the name of this journal, and they are worth reading by all.

The same firm has devised a very handy and ingenious "cocaine case," which they sell at a moderate price, and which impresses us as the best of the kind we have seen.—*Philadelphia Medical and Surgical Reporter*, Aug. 29, 1885.

MISCELLANY.

ECLECTIC COLLEGE OF MAINE.—The fifth announcement of this college has been received. Upon its face, all appears as satisfactory as may be said of any medical college in the United States; and we have no desire to find fault capriciously or unjustly. The college, however, is discountenanced by the Eclectic Society of Maine; and has never presented itself before the National Association. These matters ought to be made straight. There is no good reason for treating its graduates with less consideration than those of other colleges; the statutes are on their side. But we must be permitted to urge upon the managers the importance of securing a good recognized status somewhere.

BERNARDINI RAMAZZINI is said to have been the first author who studied and wrote on the comparative longevity of different occupations. His treatise, "*De Mortis Artificium*," was written at Padua in 1713.

MATERIA MEDICA COLLECTION FOR STUDENTS OF PHARMACY AND MEDICINE.—Messrs. Parke, Davis & Co., Detroit, Mich., are never more happily engaged than when supplying a "long felt want" to the medical profession. Their latest achievement in this direction consists of a collection of specimens of all crude drugs of vegetable origin recognized in the United States Pharmacopœia, and many not so recognized that are in common use by Eclectic physicians. There are 288 specimens in all, put up in a handsome case. As they truly say in their announcement: "The student can familiarize himself, practically, with the properties of drugs only as he has the opportunity to examine and handle specimens himself. The descriptions of text books even when aided by elaborate engravings, appeal only to the imagination, and the impression received from reading is consequently of necessity imperfect—often misleading and always evanescent. It is not enough, even, that the student have access to cabinet collections, although these render excellent educational service. It is only by having the specimen actually in hand that with the aid of lens and dissecting needle he can intelligently follow the descriptions of his manual. Specimens of many of the common drugs are, of course, easily procured at any drug store for such examinations, but there are many which are not thus accessible; and it is, moreover, important that the specimens shall be all of unquestionable authenticity." This collection furnishes this desideratum, and will prove indispensable to the student of pharmacognosy. Send to the manufacturers for full descriptive pamphlet, which will be sent to anyone who mentions the ADVOCATE.

QUITE TRUE.—The patient's gratitude to his doctor is part of his disease. It is most declared when the fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. The physician who is in the habit of letting his bills run till the end of the year, is furnished with frequent illustrations of this fact.—*Ex.*

THE MEANEST MAN ON RECORD.—The proud distinction of having the meanest man on record is claimed for Oakville,

Can. His wife was ill and the doctor prescribed wine. As it was not easily found, the doctor sent some from his private stores. The woman died. When the doctor's bill came in, the broken-hearted widower lodged a complaint against the physician for selling liquor contrary to law.

"Do you rectify mistakes here?" asked a gentleman as he stepped into a Washington street drug-store. "Yes sir! we do if the patient is still alive," replied the urbane clerk.

COPIES OF THE MEDICAL ADVOCATE can be furnished in any quantity at the rate of \$2.00 per dozen, if the order is received previous to the publication of the issue desired.

PEPSIN.—We have tried most of the well-known preparations of pepsin in our practice, and have had the most satisfactory results from Dr. Jenson's Chrysal Pepsin.

OH!!.—The other day a Sanford, Fla., physician who suspected that some one was peeping through the keyhole of his office door, investigated with a syringe full of pepper sauce. He found his wife half an hour afterward with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

NOTICE TO SUBSCRIBERS.—Owing to our large and rapidly increasing subscription-list, we are obliged to stop sending the ADVOCATE as soon as subscription expires. Subscribers will receive due notice of date of expiration of subscription.

THE story comes from the West of a man so tenacious of lucre that when he swallowed a five-dollar gold piece the stomach-pump could only bring up \$4.50.

DOCTORS sometimes use ambiguous language otherwise than in their prescriptions. For example, one writes to a friend from a well-known health resort: "I am terribly busy; but I hope to finish off all my patients in about a fortnight, and shall then take a good holiday."

OUR PREMIUMS.—With the January, 1886, issue we shall withdraw our "Extraordinary offer" of a premium to subscribers. Those of our readers whose subscriptions expire with the December number, can renew now and receive the benefit of our liberal offer. See page 1 of Advertisement.

PLEASE READ AND ACT.—Let us suggest something a little novel. When writing to advertisers, mention the journal or journals that you like best. Mention those that you always read through from beginning to end and that you always preserve most carefully. This will be welcome information to advertisers, and it may result in some advantage to your favorite journal.—*Etc.*

PROFESSOR BERGER, of Breslau, the well known Neurologist, is dead.

It is certain that Bismarck's physician is no fool. It is related that when first presented the prince was sick, and peevishly declined to answer questions. "As you like," said the doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions."

A Doctor was visiting a lady who was in the habit of sending for him constantly without being ill in any way, and she was entertaining him with a full and particular account of her maladies, the list of which was as long as her glove. "Ah, madam," said he, with a look of admiration, "what robust health you must enjoy in order to be able to stand all these complaints."

A paper presented before the French Academy of Sciences estimates that a man fifty-nine years of age has slept an aggregate of 6,000 days, worked the same length of time, eaten 2,000 days, walked 800 days, and been ill 500 days.

ARNICA.—In our last issue, we published a slanderous article on arnica as an invitation for a champion to appear and defend this valuable drug. Dr. Blake comes to the rescue and tells us how indispensable this remedial agent is. His article will be found among the original essays in the present number of the ADVOCATE.

The Medical Advocate.

VOL. VII., OLD SERIES, }
VOL. II., NEW SERIES. }

NEW YORK, NOVEMBER, 1885.

No. 11.

Heredity and Education.

BY

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NEWARK, N. J.

To be born well, to be reared and tutored aright—which is the more felicitous? How may either be assured? The Science of Social Economics has not so perfectly determined the matter as to forstall or preclude enquiry. It is a question of questions, and much remains to be said before it can be justly regarded as having been sufficiently answered. And even then, we may lawfully ask whether there is not some third factor, to which the other two are actually subordinate and ministerial; so that Heredity and Education, either as distinct agencies or combined, may by no means be awarded unconditionally the palm of superiority.

If we consider the social practice of the various nations and classes of population, we will notice that only a moderate account is taken of any supposed law of hereditary descent. It seems to be presumed that education, personal surroundings and some indefinable Providence will operate to the desired end. The peculiarities of race, complexion, physical dimensions are readily enough conceded; but few care to enquire further. Marriage-alliances are negotiated and contracted in total disregard of inherited idiosyncrasies and their liability to be transmitted to offspring. A prospective bride making enquiry in respect to such things, would be set down as coarse, indelicate, and void of maidenly modesty; and the man who should be tenacious in such respects would be considered as visionary, and denominated in the favorite Guit-eau-slang of the day, a crank. To marry well is understood to mean little or nothing in respect to persons, but much in the matter of pecuniary wealth and social position. Yet history and observation are full of striking examples of inherited physical and mental qualities; and a trait, a feature, a peculiarly-formed

or redundant toe or finger, or a tendency to certain forms of disease, has been engrafted upon a family stock and remained there, appearing anew not merely in sons and daughters, but in posterity of remoter generations.

"By blood and brains we are predestinate
Each to his own course; and unawares therefor
The hearts blind wish and inmost counsellor
Makes times and tides; for man is his own fate.
Nativity is horoscope and star!

One innocent egg encloses song and wings;
One, deadly fangs and rattles set to warn.

Our days, our deeds, all we achieve or are,
Lay folded in our infancy; the things
Of good or ill we choose while yet unborn."

—J. T. Troubridge.

Heredity determines the average longevity of a family, the stature and physical proportions, the mental aptitudes. Every individual, in respect to bodily conformation and mental tastes, is pretty certainly what his ancestry has determined. We find him blonde or brown, tall or diminutive, spare or obese, serious or trifling, studious or superficial. Thorn-bushes produce no grapes; thistles no figs. We are in a fair way of being able to forecast from the parentage the probable conditions of mental and corporeal vigor, the moral nature, and peculiarities of taste, character, and disposition. But it will be far from precision. In the immense diversity which characterizes every family tree, it can not become practicable to ascertain which in the long line of ancestors will have the principal influence in shaping the idiosyncrasy of the individual, and with it fixing his destiny. There will be a blending and a modifying apparent to observation in every instance. Curiously enough, too, there often is manifest a change of characteristics at the various periods of life. The child is undoubtedly the father of the man; yet not unfrequently the man is widely-different from what his childhood promised. One may be like his mother in early life and become an image of his father in later years. Atavism may interpose, and some predecessor may in turn come out to life

and light in the physical, moral, and mental endowment. "The seeds of the ancestor live in the son," says Zanon. Yet, this uncertainty which has been pointed out furnishes no proof against the existence of a law of heredity, but is itself an irrefragable evidence in its behalf.

Exceptional character and genius are seldom transmitted. Thebes produced an Epaminondas, a philosopher, statesman and soldier all in one, and fell because there were no more of his type. There have been many generations of the name and lineage of Shakespeare, both before and after the master-mind whom all of us honor; yet none of them exhibited the talent which immortalized the one who made the name famous over the civilized world. The gifted and illustrious are generally childless, or they fail to rear a progeny like themselves. The inferior and mediocre alone are very certain to beget and bring forth children quite after their own likeness. Thus human beings fulfil the analogy of apple-trees; of which the highly cultivated varieties produce rich, pulpy fruit, but chiefly withered and shrunken seeds; while the common, uncared-for stocks will yield fruit of a coarser texture and inferior quality, but be rich in plump, thrifty seeds, every one of them capable of germinating and becoming a vigorous tree.

Yet with all that may be learned in this field of enquiry, there is little comparatively which may be turned to practical account. Pomologists, like Colonel Marshall P. Wilder, are able to cause differentiations of fruits and flowers to infinite variety, and it is said that more than eight hundred kinds of pear have been produced. Bird-fanciers and rearers of choice animals are represented as able to breed to a feather, and to produce the shapes and physical qualities which they aim after. We have a school or society that aspire to some such mode of perfecting our human progenies. Of its practicability we may justly entertain the gravest doubt. Only by violence to the ill-organized and unworthy could they be eliminated from being factors in the coming race. It would even then be a serious question whether those who were thus ostracised were not endowed with qualities and characteristics that it would be unfortu-

nate to omit from the grand sum total of his new humanity. All human vices are but virtues distorted from their proper function. The individual who avers that too many human beings exist for good purpose, may as well look in the glass to find the one supernumerary.

Besides, with human beings, the matter of heredity involves much that is not exactly derived from ancestry. The human constitution is too complex to enable these things to be computed and estimated as by the rules of a primary arithmetic. Man is primarily a soul, and but secondarily a fabric of bone and muscle, lined and covered by membrane, nourished and cleansed by blood, and both made alive and sustained by the mediumship of nerve-structures. He loves, wills, thinks, recovers moral impulsion from external agencies, and is more or less at the mercy of external conditions. The kismet of ancestry is commingled with the karma of other experiences. The moods and mental exercises of parents are stamped from the first dawn of embryonic existence. Drunkenness has been known to entail imbecility, as well as to perpetuate the brutish appetite for alcohol, and emotional excitement of a few moment's duration has transformed the entire outline of a child's nature. The assassination of David Rizzio by the brutal Scotch nobles in the presence of Queen Mary Stuart made James I. timorous and cowardly; while the daring of Carlo and Letitia Buonaparte modelled pre-natally the whole character of their famous son.

Many years ago a Captain Purrinton, in one of the Eastern States, in a paroxysm of madness, killed his wife and nine children in their beds, finishing the bloody work by suicide. The horrible affair created general alarm and excitement. Mothers would start up in sleep, wildly apprehensive that they too were about to be murdered; and the children born after that period were often marked or permanently impressed by some malign characteristic, which was the outcome of the dreadful occurrence. Our literature abounds with examples of a similar nature.

Hereditary descent was not designed by the Father of the Universe, however, to perpetuate only what is evil. There is no law of Evil any where; it is always

a perversion, and nothing more. The sole law of the Universe is order and fitness, and this law is supreme in parentage. Those who desire and intelligently love children, generally have such as are a delight to them; and conjugal love is the most energetic cause of a wholesome fatherhood and motherhood. We need take little account of the modern notion so assiduously disseminated in regard to the ill influence of blood-relationship in such matters; but very much in respect to the nature and inherent genuineness of the connubial alliance.

Yet we hesitate in regard to mating individuals of adverse natures. It is not well to wed the dove to a hawk, nor an eagle to a hog, or a mole, or any reptile. We do not care to rear bats, and we may be sure that human alliances of an analogous character will be too evil and prolific of evil to be capable of becoming holy and sacred. To be sure there have been such mesalliances, which have been unfortunate and promotive of disorder and misery to all immediately concerned, which nevertheless were followed in some later generations by the production of individuals of rare merit and even goodness. Often what we naturally and even properly regard as evil may be the source and matrix of a preponderating good. The progeny of an unfortunate alliance may be great, brave, and energetic. Yet the contrary is so much the more probable that we ought always to hesitate in regard to any mating which is in form rather than in fact. If the evil sequences are obviated, there are circumstances which will more or less account for it. What are called somewhat erroneously the Laws of Nature are constantly operating to remove and repair the evils which have been infused into lineages by ill habits, vice, and other accidents. The principle of life and health, being paramount and positive in the human body, is active to resist morbid influences, to neutralize their results and heal the injuries; nor does it yield till it has been wholly overpowered.

Education is generally considered as surest to remedy the defects of nature, to correct the disposition, as well as to fit for active life. Schools are expected to supplement the work of the parents and to make good their shortcomings. Yet

it is chiefly teaching which they impart, a knowledge of certain sciences and arts, and such learning as consists of erudition. The routine has become so methodic that great numbers of children and youths are served with the same lessons and required to know and understand them alike. Poseidôn's son who stretched men's bodies or cut them down to the dimensions of his bedstead, was a very correct illustration of a modern educator. It has been very fortunate for those coming short of the standard, that they were able to make up that deficiency in aftertime, and for those who were precocious and over-crammed that they could rapidly forget.

But teaching is not learning. It is but an inconsiderable part of the work. We would by no means detract from it. Gascoigne was right when he asserted that a boy is better unborn than untaught. His ability is measured by what he knows. He who kens can. The man who is ignorant is imbecile accordingly. The broader the knowledge the more perfect the individual. "The best heads that existed," says Emerson, "Periklès, Platô, Julius Cæsar, Shakspeare, Goethê, Milton, were well-read, universally-educated men, and quite too wise to undervalue letters. Their opinion has weight, because they had means of knowing the opposite opinion." Yet the books do the pupil good only so far as he is ready for them. The school-boys are his real educators and exemplars. That which he appropriates and assimilates alone is that which educates. Indeed, very few who attend schools really become educated. There can be no new elements implanted in the human mind other than are already there, though perhaps these are dormant. No qualities exist in one individual that are totally absent from another. The human endowment is made up of the same principles and constituents, whatever the race, circumstances or mode of being. There are disproportions in manifestation, but all the differences which appear bear relation in some way or other to a common likeness.

The province of education is defined accordingly by the peculiarities and native character of its subjects. Teaching is a subordinate matter. To educate is to train, to develope, to bring

what is within the nature into normal activity. The person who rears the child educates him rather than the one who disciplines him in books and sciences. That knowledge is practical which is assimilated by experience and so is part of the being. We only forget what is extraneous to us and has no place beyond the memory. When it has blended with the active life it will not be lost or forgotten. The real education is training under such forms and conditions as will tend to promote skill and an excellent disposition, correcting all inclination to what is ill and confirming the desire and knowledge of what is good and useful. There is a necessity in the constitution of every individual to be that which he is; and accordingly, the true education involves no endeavor to prevent this, or in any way mutilate the disposition. The nature of every one should have its legitimate scope.

Conversation or dialectic accomplishes more than the studying of books and hearing of recitations; and as a means of education ought to be placed in advance of every other method. The apostle Paul inculcated this when he declared to his neophytes that they came to their higher development through "the hearing of faith." This real knowing was the groundwork of all hope and reasoning, the development of things not before perceived into principles of thought and living. In this way the parent trains the child and confirms him in the habits of life. He does not change the material but molds it and gives it shape and tendency. These are the lessons that we all seem to help teach to ourselves, and they are not lost or forgotten.

The education to be genuine or of utility, must be conducted with reference to what the individual is by virtue of parentage and conditions. Heredity molds the body and establishes the temperament and disposition; the true educator disciplines them all to their proper end. We are the offspring of our parents, and owe our allotment in nature and constitution to an extended ancestry. This allotment may not be and indeed is not what is usually denoted by fatality; nevertheless it involves our destiny. Circumstance comes in with its contributions. Its conditions are inexorable; the weight of the universe

presses down on every one of us. Influences, arcane, mysterious—of ourselves and yet not ourselves—are mingled with our life. We can escape none of these; our temperament and personality are persistent, and we may not run away from ourselves.

The philosophic schools of India tell of a mystic potency which involves the soul in every form of its existence, making the allotments of human life burdensome or joyous according to former experiences. Believing, as every thinker in archaic periods appears to have believed, that the soul was an actual denizen of the eternal world, but for some occult reason became incarnated in a material body, and this repeatedly, they taught the doctrine of *Karma*. This term denotes the complicated group of affinities for good or evil which a human being generates during his life, and the character thus formed which inheres in his essence all through the interval which elapses between his death from one objective life and his birth into the next. That which survives in this way is the individuality, the same in regard to its higher nature, aspirations, affections, and even tastes, as it was on earth. Accordingly, this would account for the differences between members of the same family, often so unlike in nature even to absolute opposition. A belief of this sort was prevalent anciently. This predisposition thus created was supposed to operate, conjointly with hereditary tendency, to induce fortunate and calamitous conditions in the corporeal as well as mental structure. "Lord," the disciples asked of Jesus, "did *this man* sin, or his parents, that he should be born blind?"

Education, in the legitimate sense of the term, meets directly all the conditions which pertain to the individual. He is to be accepted as he is, with the idea of becoming what he should be. The notion of training him to be like another, in disregard of his essential individuality, is too unphilosophic and irrational to be permitted in discipline. If there are blemishes and characteristics to be corrected the diligent endeavor of the educator should be made in that direction, both in the way of curtailing undue exuberances and increasing where there are defects. Yet criticism and

admonition should be sparingly bestowed. They goad and irritate, but seldom tend to produce amendment. It is poor surgery to blister and beat hard on sore places, but well to care diligently for them. Education can not make us anew. Indeed, somewhat of the old life and preestablished aptitudes must remain about us, or we cease to be ourselves and become some other creature. One may not take the responsibility belonging to another, nor dictate his conduct. But it is the legitimate province of the educator to train that individual to direct his own action aright, and to discipline him in the exercise of the right motives. The end of education is to make life worth the living by developing its value in each individual and making him useful to others. He should be trained to steady physical effort, in order to the highest attainment of bodily perfection. A person with diseased body is sure to come short of being what he or she ought to be, and so far is unfit to live on the earth. Sickly men and women are offenders against human nature and ought to be required to defend themselves from blame for being such. There can hardly be a high morality, an exalted spirituality, where the corporeal structure is debilitated. In the active world we behold many a man who would be capable of guiding the thought of a people, of delivering a nation from peril and placing it on the eminence of prosperity, but who is palsied by bodily weakness for which there is no reasonable excuse. When there is sickness there has been somewhere in some way sinfulness and moral turpitude.

Heredity and Education are accordingly the two-fold means of launching the human being on the ocean of active life. Neither is complete without the other. In ancestry is stored the possibilities, and education transmutates them into activities. We do wrong to overlook either or to hold it as of little moment. We err equally if we suppose education to be all in the matter, or that hereditary endowment alone will enable us to subserve every end. No man is "heir of all the ages" from blood-inheritance alone, but because he has acquired the culture as well as inherited the genius of the ages.

The political orator may denominate his audience intelligent, but he talks to them and treats them as though they were stupid and ignorant. So we call the millions of human beings men, who have not yet been developed into men. The very diseases that prevail, the epidemics that sweep out multitudes with their besoms, the apathy in regard to what is not meat and money, are so many testimonials of low grade of being, and heredity hardly emerged from animal conditions. The higher souls will put all these away. Heredity pertains to generations; education is regeneration. There should be no endeavor to enlarge one's destiny and to do what is not given to one to do; but there must be not merely the overcoming of evil but its absolute assimilation and transformation into the higher good.

The Scientific Unity of Medicine; or, Homœopathy and Allopathy Reconciled.*

BY

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(Continued from page 380.)

The closer we keep in our way of expressing ourselves about therapeutical matters and measures to modern scientific language, the less we are apt to feel satisfied by either *contraria contrariis opponenda* or *similia similibus curantur*. These maxims were formulated in times when physiology and pathology, or, generally speaking, the dynamical processes of the sick and healthy body, were but imperfectly explored; and when it was the custom of scientists to often phantastically, by *a priori* combinations or big words only, supply the sober knowledge of exact science. The action of medicine in the body was treated in books, and, perhaps, to a higher degree even in daily practice, as something unnatural, not to say præternatural—at any rate, as something exceptional, that had, or gained, a hold upon the disease it was meant and intended to cure, quite irrespective of the chemical laws that un-

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avoidably preside over the mixture of the pharynx and œsophagus. There is no room in the science of to-day for such wholesale philosophy. Our explanations have to pass the ordeal of chemistry as to critical detail, and all therapeutics which cannot afford that, had better be postponed to some later day, or remain satisfied, at least, to be termed unscientific, serving only as a cosmetic outfit, but not as an indispensable auxiliary of medical practice. "The phenomena of digestion are altogether of a physical and chemical nature; there is nothing whatever of a vital quality about them; for the comminuted food is brought successively under the influence of special solvents furnished by the saliva, the gastric juice, the pancreatic fluid, the biliary secretion, and the intestinal mucus; all of which are associated with a large volume of water. Digestion, indeed, as Berzelius remarked, is a true process of rinsing—the amount of fluid secreted into the alimentary canal, and again absorbed from it, being, according to the researches of Bernard, Bidder, and Schmidt, not less than three gallons in the twenty-four hours."* Consequently our dietetic rationale, in order to be a scientific one, must be a chemical one; and here such general maxims as the homœopathic and allopathic watchwords do not serve our purpose. They benumb the head, like boisterous music, but they do not explain anything; and this is all the more the case, the more we approach with them the modern affiliations of therapeutics, electricity, massage, hydropathy, and dietetics. Although in electricity the dosage "is a special study of the greatest practical importance, the difference in result between a very gentle and short application and a very strong and protracted one being, in some cases, all the difference between agreeable success and painful failure,"† nevertheless there is no such thing as electric allopathic and homœopathic animosity or divergence; there are no high electric dilutions, no artificial electric disease overpowering the natural one, and no opposing *contraria contrariis* either. And, if we take a hand-book of therapeutics of so modern and typical a condition as that of Ringer, we find in its

dietetic part an element which has so little to do with either *similia similibus* or *contraria contrariis*, that from its perusal nobody could ever form the idea of such inimical parole having been given out. But the hand-book of Ringer is by no means the only one which bears this character; dietetics have become an intrinsic constituent of *materia medica*, and nearly all the modern authors (be their creed as anti-irregular as that of Roberts-Bartholow, or as liberal as that of the Eclectics) dedicate to it a considerable part of the valuable space of their books. And it is not surprising that this is so. For if science proclaim the pathological and physiological differentiation of biology as an unscientific division, as she does by her most celebrated representatives,* she must also abolish the ancient barrier between *materia medica*, or the theory of remedies, and dietetics or the theory of nourishment; and there are practitioners, indeed, who begin to comprehend that it is of more importance for a doctor to know about what is going on in the kitchen, than to be versed in the performances of a drug store. There is as yet much vacillating. There are chemists who will join with old fashioned doctorism in recommending doses of medicine all the more copious, the less the body shows willingness to assimilate any, calculating that by forcing large quantities upon the system, some—the requisite dose—will be retained; and with rational dietetics in refusing any nourishment when the system does not offer by a keen appetite a perceptible indication of its requirement. A book like that of Letheby is an extremely valuable publication, but we should wish to chemistry less self-restraint in its dealings with physiology. Although Letheby, in his second lecture, speaking of Digestion, proclaims the phenomenon of digestion as altogether devoid of all and every vital quality, yet he admits, in his third lecture, the explanation of Parmentier, and even Liebig, who set down extract of meat, like coffee and tea, as "vital restoratives." This is a very fashionable expression, but reminds too lively of patent medicine, to be admissible in any

* Letheby, *On Food*, p. 46.

† Beard and Rockwell, *Treatise on Electricity*.

* "... the question is, whether the general types which we have established for the physiological tissues will also be found to hold good in the case of the pathological ones. To this I unreservedly reply, yes."—VIRCHOW.

but illiterate society. Chemistry should hold its own, and not cut short the difficulties of physiological research, by connivance with superficial generalizations.

The axiom *similia similibus currentur*, and the other one, *contraria contrariis opponenda*, by the progress of exact science, have got to the point of being mere *epitheta ornantia*, deprived of the omnipotentia they once were invested with by being considered, each by its sect, as the key to the true art; and it is a sign of narrow-minded therapeutics when they are continued to be considered a wide enough scope for the plying craft of Æsculapius. It is only by violation of the experimental method that the treatment of a case can be led back to either the one or the other: the arguing will be left to the *heart*, and the *head* will be made to *believe*; and with this implement of polemical warfare, all conclusions will run a smooth course, according to the wishes of their progenitors, as if there had never been such a man as John Stuart Mill, who wrote an extensive work on inductive and deductive logic. Some time ago, I read in a leading homœopathic journal an article in which the fact of hot baths having been successfully used as a means to cool down fever heat, was appropriated as an illustration of the homœopathic law of *similia similibus curantur*; and looking at it superficially, yielding to the persuasive powers of the clever writer of the aforesaid article, one was easily seduced to set it down as a point about which there was much room for argument. But bearing in mind the correct fever theory, according to which the excessive temperature is not so much due to any absolute extra production of heat in the body, as to its proportion to the compensation by the corresponding loss, especially through the skin,* we must set down the hot bath as a means of relaxation, regulating the temperature, not by antagonizing the production of heat, but by imparting to the tissue of the body a condition which renders it fit for the giving off of heat. Cold water, in most cases, will do as much—if not by direct action, then by reaction; and by a philosophy peculiar

to the hotspurs of the two inimical schools, we might utilize either mode of treatment as an illustration of *contraria contrariis opponenda* as well as of *similia similibus curantur*. By the by, as regards the warm bath in fever cases, with reference to the homœopathic principle, a high dilutionist ought not to agree with the dose represented by a full bath; a thimbleful would be all but insufficient.

On the other hand, it would be a mistake, a disregard of science or scientific facts, if allopathy should reject *a priori* all homœopathic doses. It may be, that its acme in the high dilutionists was intended by destiny for no other purpose than to create hilarity; but there are, even in inorganic nature, analogous instances of the effect of substances upon one another, which would explain the curative effect in a sick person of a drug, the contact of which with a healthy tissue does not exercise any influence at all. "Iron burns in oxygen, but it is necessary that the metal be first heated to bright redness that the combustion may take place."* Again, "the finely-divided iron that is obtained by reducing oxide of iron in a current of hydrogen at a comparatively low temperature, will take fire when exposed to the air at an ordinary temperature. . . . If the powder be projected into the air, each particle takes fire and burns with a bright flash." In either case it is required for the dynamical effect of the oxygen upon iron a particular dynamical condition of this metal. On the other hand, by altering the conditions under which oxygen acts, its effect can be increased: "A bright sheet of iron will indefinitely preserve its brilliant surface in dry air, but if a drop of water be placed upon it, or if it be exposed to the action of a moist atmosphere, rust makes its appearance in a short time." Now then, similar, and probably, even more striking peculiarities of physical and chemical action will obtain in the human system; and, accordingly, one cannot tell (unless by experiment) to what extent a diminution of medical doses be rational. There are facts standing forth which tell in this direction, and which are of a nature that cannot arouse the slightest suspicion of allopathic physi-

* The proportionate loss of bodily heat is about as follows: Radiation and evaporation from the skin, 77.5; evaporation from the lungs, 14.7; heating of inspired air, 5.2; of ingesta, 2.6.

* Ad. Wurtz, *Elements of Modern Chemistry*.

cians. The German experimenters, Löw and Bokorny, of whose labors we made mention in Part I. of this work, found the limit of the chemical reaction of NO, Ag upon the alga *spirogyra* at the proportion of one part of it to two million parts of water, while a solution of NO, Ag to one million, realized the wished-for effect perfectly well. The only precaution the experimenters had to take was in the picking out of robust algæ, and in their exposure to the reagents for as long a time as twelve hours.* At the same time, the said experimenters state that they dared not choose protoplasmic objects from the animal kingdom because of their being too sensitive to experiment on; and, consequently, it remains an open question whether a medicine absorbed by the system and left there an indefinite time to realize its effect upon the tissue (the law of metallic diffusion bearing fully upon the dynamic process going on), will not exercise an influence even when diluted in a proportion transgressing the limit of chemical action which Löw and Bokorny were obliged to admit as the boundary of their experimentative successes, in operating with vegetative protoplasma. And the said physiologists state another fact in favor of micropathy: while highly diluted reagents worked so well, concentrated solution had no effect at all. They utilize this fact to show the difference between living and dead protoplasma; but there is something in it, from which homœopathy, in its way, may draw advantage.

(To be continued.)

Sympathetic Innervation.

BY

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Vaso-motor nerves are derived from the sympathetic system, and are related to cerebro-spinal nerves and ganglions as innervators. Nervous reception of impression, transmission, sensational and ideational reception and elaboration, and reflex and volitional impulsions are specific activities manifested by the sensory periphery, afferent nerve fibres, sensational and ideational ganglionic

centers, and efferent nerves. But these activities are conditioned to innervation of those parts by means of vaso-motor branches of the sympathetic system. Innervation is accomplished by increase of blood supply to those parts.

The dependence of cerebro-spinal function on the sympathetic system furnishes a solution to many nervous problems. Peripheral anæmia and consequent anæsthesia of sensory nerves, due to extreme vaso-motor sedation, is unresponsive to the most powerful peripheral excitants. Peripheral hyperæmia and consequent hyperæsthesia of sensory nerves violently responds to the slightest peripheral excitant. Psychological, as well as mechanical and chemical, peripheral excitants are conditioned to peripheral-sensorial hyperæmia and anæmia in their power of awaking response or failing to do so. The law of vaso-motor innervation and enervation, of nervous hyperæmia and anæmia, permeates the cerebro-spinal system from sensory periphery to motor periphery, though afferent nerves, sensational and ideational ganglions, and efferent nerves, and nervous function is entirely subjugated to this law. No nerve (or nerves) of sense is capable of reception and transmission of impress; no ganglion (or series of ganglions) is capable of reception, and elaboration of its specific sensational and ideational product, and no motor nerve is capable of radiation of reflex or volitional impulse, without being thrown in a certain degree of erethism by influence of vaso-motor activity of branches of the sympathetic system.

Indigestion—Some Phases Simulating Grave Diseases, with Points in Diagnosis.*

BY

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Dyspepsia, classically speaking, means want of concoction. But of late years, the term indigestion has come into general use as being more expressive of the condition when referring to failure in the digestive processes.

Disturbances of digestion, producing phenomena simulating the symptoms of

* Löw and Bokorny, *The Chemical Cause of Life*, p. 44-45.

* Read before the "National," at Altoona, Pa.

some of the more grave forms of disorder, are terribly on the increase, and it, therefore, behooves us to study carefully the subject in all its phases, more especially with reference to its diagnostic relations.

The idea commonly entertained that indigestion finds its main lodgment in the stomach, if correct, would render its diagnosis and treatment very simple. But, if we are to be exact in our knowledge of the disturbance and diagnostic relations of the digestive processes, we must comprehend the fact that there are other organs and functions implicated in the digestive act besides the stomach.

Indigestion, in one or another of its almost innumerable forms, passes daily before the medical man, and, with the habits which its poor victims as a general rule have established, it is one of the most difficult of all diseases to manage. It passes from one state to another under slight provocations, clings tenaciously to the system on which it has fastened itself, furnishes an extensive field for quack cure-alls, puts doctors at fault, and holds the most skillful M. D's at arms length. We observe it striking down enterprise in this man, puzzling genius in that, stripping the third of his strength, and the fourth of his love of life, making the fifth a misanthrope, and the sixth pushing over the precipice of self destruction.

A celebrated writer truly says: "For one victim to zymotic disease, a holocaust perish from failure in their digestive processes. For one infant lying in its last sleep from specific germ-carried pyrexia, a thousand wasted marasmatic atomies are to be found in their graves from improper food, and imperfect digestion."

Functional derangements, as is well known, often simulate the most alarming and hopeless organic diseases. *Here we need diagnostic acumen.* In apparently grave cases of heart disease, on auscultation we find the intermitting, irregular, and palpitating heart, præcordial distress, and disordered pulse, in a majority of cases unattended by true cardiac disease; cough, dyspnoea, and thoracic pain, so alarming to patient and friends, are often independent of any primary pulmonary disease. Pains in the transverse portion of the colon are

often mistaken for pains in the stomach. It is no exaggeration to say, that perhaps in half the cases which are called gastralgia the affection is nothing more than colalgia. Again, pain developed in one of the hypochondria, and having its seat in the ascending or descending colon, is often supposed to be hepatic or splenic pains, merely from the relations which these parts of the intestine have at certain points in their course, one with the liver, and the other with the spleen. That such mistakes should be made is not remarkable, when we consider the anatomical relations of associated organs; but our interests and that of our patients demand careful diagnosis.

Classified, we have disturbances of digestive origin.

First.—As the frequent cause of anomalous and obscure symptoms, or local symptomatic functional disorders.

Second.—As leading to obstinate organic disease.

Third.—As complicating the symptoms of existing diseases.

By far the more frequent and interesting are the purely symptomatic or sympathetic disturbances of digestive origin. They are indeed quite numerous. I will just here detail briefly, in illustration, a case coming under my own observation.

In March of the present year (1885), I was called to see an elderly lady, whose death was anticipated at any time from heart disease, by her friends. I found her with alarming cardiac oppression and irregular spasmodic and intermitting action of the heart. She suffered from sense of suffocation, violent palpitation, præcordial fullness and distress, and thoracic constriction. Her face and features expressed terror; was pale and bathed with perspiration. She was under the impression that she dare not move or change her position from that of an upright to a horizontal one, and had her hands braced upon her thighs to aid thoracic action. I diagnosed the case to be one of purely symptomatic or sympathetic disturbance, due to flatulent distension of the stomach and intestine—a result of indigestion. How? By exclusion, principally. Her previous history did not show that she had ever had acute rheumatism with endocarditis. The physi-

cal signs did not indicate hypertrophy and dilatation; nor was there at any time any dropsical symptoms. There was no lividity of the surface, especially of the extremities, no oedema, emaciation, nor sluggish action of the kidneys. In short, on a careful survey of the case by this method, I could not discover any evidence of any serious cardiac trouble. On the other hand, the diagnostic relation of indigestion as the true basic trouble, was readily discerned. Percussion elicited tympanitic resonance over the left hypochondriac region and extending far below the ribs and above, causing elevation and distention of the left cornua of the diaphragm, with pressure upon the apex of the heart. The administration of twenty drops of tincture of capsicum with five drops of tincture of lobelia in whiskey, glycerine and hot water, gave relief in a surprisingly short space of time, enabling her to assume with ease the recumbent posture. On further inquiry into her history, it was ascertained that she had been subject to frequent attacks of this character, and had been treated as frequently for cardiac disease—which *serious* spells of illness had afforded a number of doctors opportunities to extend their ledger accounts, and had been the cause of a great amount of anxiety on the part of her friends. By subsequent appropriate treatment for the indigestion, she became entirely cured of her simulated heart disease.

Thus it will be seen how you may daily exclude organic causes of alarming and apparently very grave disorders; how you may remove a load from the minds of your patrons, by care as to the relations of indigestion as a prime factor, and how you may thus be enabled to cure apparently incurable maladies.

That the non-professional man or woman misconstrues his or her indigestion is natural, since most of the alarming symptoms of some of the more grave lesions resulting from organic change are thus spuriously produced. But for the medical practitioner thus to mistake in the field of diagnosis, evinces, if not carelessness, then the absence of that tact, the possession of which would enable him to utilize for the benefit of his patients the plainest rules of his art.

Of neuralgias in various parts of the body, many are often purely symptomatic of indigestion, and are to be remedied only by treatment in relation thereto.

In children, dilatation of one or both pupils, and temporary internal squint of a spasmodic nature, are occasional results of irritation of the digestive organs, especially by ascarides. Again, convulsions and reflex nervous symptoms are so commonly due in children to disorders of alimentation, that the general practitioner rarely makes a positive diagnosis of graver causes without first resorting to prompt emetics or cathartics. The lesser attacks of infantile paralysis, so often developed in robust, and hitherto healthy children, and frequently at night, often possess no other known cause for the spinal congestion, which is their lesion, than gross errors of diet.

Apoplexy is often the result of labored digestion, distended stomach, constipation, hemorrhoids—all conditions which both temporarily and permanently increase intra-vascular tension. To cure constipation and reduce the quantity of nitrogenous food is often to avert apoplexy, or prevent its recurrence.

The heart, free from any organic lesion, may have its innervation so disordered by an indigestion that, in momentary cessation, anæmia of the brain and unconsciousness may result.

That instances of syncope permit of heart clot and death, due to a simple indigestion, cannot be doubted.

Labored breathing, thoracic pain, exhausting irritable cough, and catarrhal attacks are frequently induced by errors of diet.

In a direct way, by the agency of the pneumogastric, the lungs are found to be deranged by gastric and intestinal causes.

The asthmatic recognizes as scarcely secondary to atmospheric changes and irritants, the causative relation of abuse or neglect of the alimentary canal to his distressing paroxysms.

The attack of bronchitis, pleurisy, or pneumonia is frequently due to the congestive disorders of indigestion.

False croup is more frequently the offspring of irregular and bad feeding, than of a "bad cold."

Renal disorders are apprehended with every slight impairment of health, variation in the visible appearance of the urine, or obscure lumbar pain. Yet, scarcely any other group of symptoms, so often as the renal, is dependent on perverted digestion and disordered assimilation, these organs eliminating excretory matter, which they neither form nor modify, and which is the result of disease elsewhere.

The frequent recurrence of the acid states of the urine, incident to indigestion and excessive diet, create chronic hyperæmia of the kidneys, and favor other forms of renal trouble which are so frequently mistaken for one form or another of Bright's disease.

When about to form a diagnosis in an apparently grave organic trouble, therefore, we should exercise great care—should discriminate our case well. Time thus devoted, will not be wasted, but a greater certainty and success in diagnosis and treatment will be assured. We should be awake to the fact that a great proportion of all cases of brain, lung, cardiac, and renal disturbances, however grave they appear at first sight, are purely functional, and dependent on states of the stomach and intestines.

Finally, your attention is directed to one condition in which the digestive function as a whole, should be carefully studied, namely, that of slow convalescence from systematic disease. Often the delay is due solely to continued medication or injudicious feeding of an enfeebled stomach, and in others, dependent upon accumulation of the debris of wasting disease in the system.

A Plea for the Mosquito.

BY

T. P. PORTER,

ST. THOMAS, D. W. I.

By dwellers in tropical countries, the very title of this paper will be received with almost unqualified scepticism. "A plea for mosquitoes, forsooth?" we hear the reader exclaim, "by what sophistry may they be defended? Their only use (?) seems to be the annoyance of mankind!" Yes, so it *seems*. To regard the little torment: to listen to its intolerable "busy-busy-quizz!" as you lie

half sleepless and sweltering in the hot tropic night; and, ever and anon, to feel its keen proboscis pierce your epidermis, is an experience to the last degree unlikely to engender philosophical thought. Fortunately for science, however, there are men who can rise superior to "the light affliction;" and who by patient research with the aid of recent microscopic development, have made considerable progress toward solving the mystery of the Mosquito's existence.

On the general usefulness of the mosquito, and the grand benefits he is the immediate means of conferring upon dwellers in the tropics—which are a more than ample set off to the comparatively light afflictions to which he subjects them—the researches of a Demerara scientist throw much light. On this phase of the mosquito's life, Mr. Rodway (the gentleman referred to) shall tell his own story. In a paper contributed to the *Argosy* on "The sanitary uses of Flies and Mosquitoes," he says, on the subject of the work performed by the mosquito in purifying water that is impregnated with bacteria:—

"In making some microscopic examinations of different kinds of water, I came upon certain facts which appear to me to be new.

"The Lamaha canal brings water from grassy swamps, which is nothing else but an infusion of dried grass and leaves. As delivered in Georgetown, or if taken from the canal itself, it does not contain bacteria. It certainly did contain these organisms, as they are developed in all infusions in certain stages. What has become of them? To test this question I made an infusion of hay, leaving it in a window open to the air. In three days it became thick and smelt unpleasant. On examination I found bacteria and animalculæ. On placing the infusion in the sun, in a few days it became bright and clear, with a great number of the larvæ of mosquitoes, flies and gnats, wriggling about. It was a perfect imitation of the Lamaha water; pale, coffee-colored, and free from bacteria.

"The only explanation possible is that the bacteria were eaten by the larvæ, and here we have a light thrown

on the question:—What is the use of mosquitoes? It is a well known fact these insects abound in the collecting grounds of the various fresh water canals, and I am of opinion that they do a grand work in rendering the water wholesome."

The above, which may be regarded as a scientific discovery in its first stage, is of course only of local interest in so far as the Lamaha water is concerned. But it becomes of universal application and interest when we consider that, according to the theories of modern scientists, bacteria are the germs of cholera and other epidemic diseases. The nature and origin of these microscopic creatures are thus briefly described in the papers above quoted.

"Bacteria are now classed as fungi, but they belong to that border-land between the animal and vegetable kingdom, where it is difficult to speak with any certainty as to where one begins and the other ends. They are very small, few exceeding the thousandth part of an inch in length. They are generally either worm-like or oval in shape, and move in a peculiar spiral manner. In the field of a microscope which magnifies 300 diameters, myriads of these organisms may be seen swarming in their peculiar way, wriggling or turning over spirally from several points. They are found in old vats when the water is low, in trenches when nearly dry, and in all infusions of animal and vegetable matter when they begin to decompose."

It is clear that whatever personal annoyance the mosquito may subject us to, if, as Mr. Rodway shows to be extremely probable, he is the means of purifying the water we drink, he surely deserves consideration at our hands. Chemical science may do much toward such purification; but yet the fact remains that without the modern microscope to direct our attention to facts beyond the ken of unaided vision, chemistry could not have been invoked. Meanwhile, for untold ages the mosquito seems to have been doing a work for us the necessity for which was unsuspected. Furthermore, the purification of water by nature's own process is always preferable to that done by chemical action.

But what we have said only concerns one phase of the mosquito's life. The microscope has brought to light the fact

that he performs for man higher functions than those of a mere aquatic scavenger. It has been demonstrated that the attacks to which man's person is subjected from the creature become, in certain instances, fraught with the issues of life and death. The mosquito, as Mr. Rodway has shown, probably saves man from imbibing with water the germs of certain diseases more or less fatal to life. But there are other microscopic germs that find their way into the circulation *from water* which the mosquito can only reach when it has actually entered into the circulation. As far back as 1877 this fact was remarked by Mr. Manson and other scientists. In a communication made to the Linnean Society early in 1878 by Mr. Manson, he gives a minute description of the *Filaria sanguinis hominis*, and describes certain experiments which resulted in proving that the mosquito was the "Nurse" of the *Filaria*. This parasite, which literally swarms in the blood of men and quadrupeds, is indigenous to tropical countries—as has been clearly proved by experiments in Brazil, Demerara, China, India and other places. The *Filariae* may be described as swarms of minute thread-like worms, which were they to grow and breed in the body in which they make their appearance would soon cause its death; as, according to Mr. Manson's observations, "before they had attained a hundredth part of the size of the mature *Filaria*, their gigantic volume would occupy a bulk many times greater than the body itself." According to his calculation, there exists in the blood of a filarious body at any given moment more than two millions of embryos.

We will now briefly consider the important part which that "pest of the tropics," the Mosquito, plays in ridding us of the danger of dying the death of Herod. According to the researches of Mr. Manson and others who have studied the question, we have already seen that although nature requires for the further development of the *Filariae* that they should enter some other body, they would even without such development cause death by the steady increase of their numbers, such increase not being dependent on their breeding in the body but on their being imparted into it. Considerable numbers disintegrate and

perish, whilst others are voided in the secretions; but such relief would in itself be insufficient to preserve the natural functions of the blood, and were it not for the Mosquito thousands of dwellers in the tropics would infallibly perish from *Filaria*.

The Mosquito draws up the *Filaria* with the blood which it sucks from the filarious subject, and thus becomes the "nurse" of the *filaria*. Subsequently the *Filaria*, after passing through its second stage of existence, escapes into the water in which the mosquito dies. Through the water it comes in contact with the tissues of man—that is, being swallowed it works through the alimentary canal and eventually finds its resting place where, in the third and last stage of its existence, its development is perfected, and thence it discharges in countless numbers the embryo *Filaria* which are to be found in the blood.

As recently as within twelve months of the present date, the existence of the *Filaria* was discovered in Guiana by an accomplished Microscopist with whom the writer had the privilege of being intimately associated. A series of close experiments brought to light the following singular facts: 1st. The presence of the *Filaria* cannot be detected in the blood between sunrise and 9 o'clock p. m., after which the blood placed in the field of the microscope (object glass $\frac{1}{2}$) is instinct with them. 2nd. There is no appreciable diminution in their numbers in a drop of blood taken from a Mosquito immediately as it quits the skin of a filarious subject. 3rd. It was ascertained that the general health of the subject was in no perceptible way affected by the presence of *Filaria* in the blood.

The subject, which our inquiries tend to show has scarcely attracted even the passing attention of medical men in the West, seems to be one that opens up to them an immense and virgin field of research of the greatest importance, as it is to be suspected that the presence of the *Filaria*, which is an affection peculiar to warm climates, is associated with certain diseases of tropical countries of which up to the present very little is really known. On this ground alone, the subject is one worthy of the most careful study.

Now that the microscope has been

brought to such perfection, and plays so important a part in medical science, opening up fields of research hitherto unsuspected, there is nothing in the way of definitely investigating the connection which is supposed to exist between the *Filaria sanguinis hominis* and the tropical diseases to which we have referred.

We have headed this paper "A Plea for the Mosquito," whilst, in fact, its real purpose is to direct attention to a little known and still less noted field of research. At the same time, we trust that the fact has been indisputably established that the mosquito plays a highly important part in two widely different departments of the economy of tropical life. Well may we exclaim with the poet—

Nothing useless is that is;

and let us remember, when prone to abuse the tormenting little insect, that he does for us and our fellows in the tropics "a grand work in rendering the water wholesome," and perhaps, too, a yet grander work in ridding us of the formidable *Filaria* which, if not got rid of in a wholesale manner by means of our voracious little blood sucker, would speedily bring us to a wretched death.

Glaucoma.

BY

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[Presented to the Eclectic Medical Society of the State of New York.]

I would call your attention to one of the most important and dangerous diseases of the eye, viz., glaucoma; a disease which if properly treated will yield the most favorable results, but if allowed to run its course unchecked, except, perhaps, by inefficient remedies, will produce irremedial blindness. It is, therefore, of the utmost importance that a physician should be thoroughly conversant with the symptoms which it may present in its various forms, so as to be able to at once recognize this dangerous and insidious affection, and combat and subdue before it is too late. The commencement of the disease and the course it may run, present numerous variations, and for this reason a precise classification is somewhat difficult. It

will be found, however, that the several varieties have a great tendency to pass over into each other.

The resemblance of these different forms is very marked, as they are distinguished from the commencement by certain characteristic symptoms, and, although they vary somewhat in their course, they all lead sooner or later to that last, hopeless condition in which the eyeball becomes very hard, the pupil widely dilated and fixed, the refractive media clouded, the optic disc cupped, and the sight either entirely or nearly lost. To this condition our forefathers confined the term, *glaucoma*. The modern school of ophthalmology, however, no longer limits the term to *this* last hopeless condition, but embraces in it all the varieties of the disease which lead to this condition.

In regard to the different varieties of *glaucoma* from a clinical point of view, we are particularly struck by the fact, that one class of cases is distinguished by marked inflammatory symptoms, while another class has no inflammatory symptoms. We may, therefore, divide *glaucoma* into two principal classes: *Inflammatory* and *non-Inflammatory*. There are a number of symptoms which we find in all *glaucomatus* conditions, and they are the essential characteristics of the disease. Increased tension of the eyeball is one of the most striking symptoms of this affection; and, in the last stages of the disease, the eyeball becomes very hard. This tension and fullness of the eyeball is produced by a disturbance of the harmony of the secretion and absorption; it may be the secretion is more than normal and the absorbents cannot carry it off, or the latter may be at fault. This may be due to various causes; it may be from rigidity of the sclera, which would interfere with the circulation by compression of the veins. By this intraocular tension is produced a cupping of the optic disc; and as the sclera and cornea are firm and resisting, and the lamina cribrosa much thinner and less resisting, it gives way gradually, and the nerve fibres which turn here almost at right angles in order to reach the retina, become atrophied from the long-continued pressure. The pressure is felt especially at this point; and, in the early stage of the disease, we find by an

ophthalmoscopic examination that these nerve fibres are atrophied.

This accounts for one of the most important symptoms of the disease, a contraction of the field of vision on the nasal side; the contraction increasing in proportion to the atrophic changes in the nerve. The blood vessels of the disc become compressed and eventually obliterated, the retinal vessels also suffer from this presence, and the arteries become very small. It requires great blood pressure to overcome the intra-ocular pressure, and this results in a distinct pulsation of the arteries (as can be seen with the ophthalmoscope) as they pass over the optic disc, beginning at the centre of the papilla. The retinal veins, on the other hand, become engorged and tortuous, and retinal hemorrhages may be present. If the pressure continues, the lamina cribrosa will yield, but the hard, resisting, scleral ring will not, thus producing a bottle-shaped depression, which is one of the surest symptoms of an intra-ocular pressure; when present, it is a clear diagnostic symptom of *glaucoma*.

These are the appearances we see, if the refractive media remain clear so as to permit an examination of the fundus. The long-continued pressure will also result in other changes of the eye: the vitreous humor becomes cloudy, and the lens and iris is pressed forward to such an extent in some cases as to almost come in contact with the cornea; and, in all cases, there is a shallowness, or narrowed anterior chamber. By the pressure of the lens upon the iris, the latter cannot perform its functions; it moves very sluggishly in the early stage; and later the pupil becomes dilated so as to leave only a small ring of the iris exposed to view. The cornea becomes anæsthetized from pressure upon the sensory nerve, and can be touched with an instrument without the patient feeling it or attempting to close the eye.

The ciliary muscle, which is supplied by the ciliary nerve, suffers likewise, the accommodative effort becomes difficult, and in the later stages almost impossible on account of the parietic condition of the muscle. This is the reason why patients suffering with the premonitory stage of *glaucoma* requires the use of strong convex glasses, which have to be

exchanged for stronger ones very soon.

This disease derived its name from *glaucois*, a Greek term meaning bluish or greenish tinted, as we find in some cases of glaucoma a greenish reflex from the pupil, and was formerly considered as the principle and pathognomonic symptom of the disease. People of middle age are the most prone to this disease, the lens undergoing certain physiological changes, among others assuming a yellowish tint. Now, if such an eye is attacked by glaucoma, the aqueous humor becomes turbid and of a bluish-grey color, and this tint mixed with the yellow of the lens, gives rise to this peculiar green reflex which is rendered more marked by the dilatation of the pupil which obtains in this disease. Two facts prove that this is the true explanation of this green reflex: First, if the anterior chamber is tapped, and the aqueous humor flows off, this green reflex at once disappears. Secondly, if a young person's eye is attacked by glaucoma, the green reflex is not visible, for at this period the lense is transparent, and has not that yellowish cast that we find in after years. Hence, this symptom that was formerly supposed to be characteristic of glaucoma, is not to be relied upon.

The five symptoms that I have called your attention to, are to be found in the different varieties of glaucoma; some will be more pronounced in some cases than others, but by close observation you may detect them all. And when this is done, you may rest assured that your diagnosis is correct.

Simplicity in Medicine.

BY

L. J. PHELPS, M. D.,

SYRACUSE, N. Y.

[Presented to the Eclectic Medical Society of the State of New York.]

Medicine is as important as food, and was given by Divine authority in the early history of the world. I shall not attempt to show what disease appeared first among the people, but take for granted that they seldom, if ever, died of disease in the early ages. The longevity of the people shows that few if any physicians lived, or were needed. Food as well as medicine was named by the Ruler of the Universe; the fruits of

trees were ordered for food, and the leaves for medicine, showing the necessity as well as the simplicity and analogy between them. God, who created the world and formed man in His own image, knew what would be his needs and made provisions for all his ills by causing remedies to abound in all the world. The natural productions in a natural condition, in very many cases have produced better effects than many of the more applauded and far-famed preparations. However highly these are recommended, they are more remunerative to the vender than beneficial to the consumer.

The term medicine is used to denote all kinds of remedies, good or bad, whether vegetable, animal, mineral, or electric, and we may choose what in our judgment is adapted to the case in hand. Wonderful cures have been made by the use of electricity. We cannot define the various things that will act as curative agents in the hands of the skillful physician, and often things that he would not recommend have been used with good results by unskilled hands.

From the lofty oak and towering pine, to the shrub, the bush, the buds and flowers, the seeds, as well as the creeping vine. The stones even may be made curative agents by heating when heat is required. Iron also may be used as an external application, heated for the removal of pain, and is reliable in many cases; while the different uses of the many preparations of iron, taken internally, are not always safe. There are other and better things to improve the quantity and quality of the blood, more natural, and that will not injure the system. The red beets are far better and more natural, as well as more nutritious. They may be eaten as food, or the juice may be given as medicine.

Nothing is truly medicine which will not aid nature by its use; for medicine, like food, can only assist to restore lost vigor.

We should give nothing as medicine that will not assimilate with the fluids of the system, or that acts as an intruder in the stomach.

The object of medicine is to aid in the cure of all diseases, for all diseases are curable if taken in time and properly treated.

We find by reading the Bible that

great cures were effected by the use of natural and very common things; water cured the most dreaded disease of the ancients, that of leprosy, and figs cured sore boils. The water of the river Jordan cured Naaman's leprosy, and the application of figs cured King Hezekiah's boils, and water and figs are as curative to-day as at that time. I do not say that the study of medicine will aid us in studying the Bible, but I do know that the faithful perusal of the Bible will help us to understand the use and simplicity of medicine. More deformity and death have been caused by the use of bad medicine than by accident, pestilence, famine, and war.

If we use only safe remedies, we shall at least be better satisfied with ourselves than the honest doctor of the old school, who referring to a disease that proved fatal in their hands, said, "If the disease did not kill the patient the medicine they gave did, for they never left until the patient died."

This recalls my own case, half a century ago, when under the old school system of medicine; in fact I knew no other at that time. The doctors had given up all hope of curing me, said my disease was consumption, and that was incurable. I asked what they were giving me that horrid stuff for; the answer was "to keep me comfortable while I did live." Each dose made me worse, and I had no good opinion then of a medicine that made the patient worse instead of better, and said "I would not take any more of the vile stuff," and I now think it was rightly named. I will briefly state some of the remedies I used. I ate as medicine, the early leaves and buds of the dandelion, the blossoms also in their natural state; it was in the early spring, and I was only to live until warm weather came. I went out in the sun daily, and breathing the pure air did very much for me. This I had not been allowed to enjoy, nor the juice or milk of the dandelion, and the blossoms of clover, both red and white; and I ate the hollyhock flowers and the roses as medicine, and I recovered in a short time. When we think how careful the doctors were in those days to deny all who were suffering with any lung disease the outdoor air, the wonder is that any survived.

I believed then in using the flowers

and plants as medicine. I ate the things I have named, and others as simple, believing I should live to do some good to humanity through God's assisting grace. And the field was open after my recovery, in many cases of sickness, where the doctors said the case was incurable. I acted as the Good Samaritan, preparing catnip teas and other things as harmless, and to my astonishment as well as of others, they would recover. I did what I could, and all I did came out well, but the thought of my ever being a doctor had not come to me. My heart was in the work then, and each succeeding year my faith grows stronger in the use of harmless medicine and simple food for old and young.

Old and New in Materia Medica.

BY

M. B. LADD, M. D.,

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[Presented to the Eclectic Medical Society of the State of New York.]

In their distinguishing characteristics the old and new schools in materia medica are antipodal. The fatal superstition that poisons possess some mysterious power, some supernatural agency in expelling disease, originated in the dark ages, among a heathenish people. The poisonous system of medication is, unfortunately for the human race, one of the animated relics of barbarism. Like all error, it originated in ignorance, while bigotry, the most intolerant and cruel, joined in persecuting medical truth, founded upon the immutable laws of the universe. The warfare waged exhibited the same unreasoning infatuation for the perpetuity of this baleful error, that the cannibal displays in pursuit of his repast of human flesh. The poor pagan looked upon disease as an entity, or evil spirit, which had invaded the human sanctuary, and in his ignorance and terror thought to exterminate the invader, or exorcise the evil spirit by weird incantations and the administration of the most subtle and deadly poisons.

Superstition is indigenous to all climes, and this terrible delusion took deep root and spread throughout all paganism, until Christendom caught the infection and worked as zealously and as intoler-

antly for its propagandism as the barbarian had ever done.

It was foisted into the arena of religion and clothed in its captivating garb, until at last it was placed, a usurper, on the throne of medical science; and to-day, in spite of truth and nature's palpable and inexorable loss, in spite of medical reform, in spite of science and all the enlightenment of the nineteenth century, Allopathy is as benighted as it ever was in its palmiest pagan days, with respect to its blind belief in the efficacy of its poisonous system of medication. Her colleges continue to send out their votaries, inflated with false doctrines, puffed up with the belief that "they are the people, and that wisdom shall die with them." Thus armed and equipped with their destructive poisons, and covered with the breast-plate and shield of persecution, recognizing no other medical school, and no other physician as being entitled to the name, they go forth to deal out devastation and death to their unfortunate victims.

What wonder, then, in view of these false and pernicious practices, that so many lose faith in our profession, viewing it in the light of a tissue of dangerous experiments, with the chances always against the patient. What wonder that so many of her own learned and eminent physicians inveigh against the system and proclaim to the world that "materia medica is not a science, shrouded as it undoubtedly is in repeated failures and uncertainty."

But there is a brighter side to this picture. Our profession must no longer be judged entirely in the light of false doctrines. Eclecticism proclaims boldly and confidently what she has clearly and eminently demonstrated to an appreciative, intelligent constituency, that materia medica, as practiced by her students, in accordance with scientific truths, founded upon the simple law of nature, that poisons kill and that antidotes cure, is a science.

As opposite as are the poles, are sanative and poisonous medication asunder. Eclecticism stands clear, towering and luminous, a beacon of hope and joy to the invalid.

Fellow workers in medical reform, it is our precious privilege to place the standard on still higher vantage ground—to write upon its ample folds in clear

and indelible characters that our watchword and "shibboleth" is "Progression!" Though we may not hope to escape that bitter opposition which arrogance and power always hold in reserve for the bold pioneer in every field of progressive thought, we shall surely find our rich reward, our highest need, in the approbation and gratitude of an enlightened people.

In opening up the highways for the vehicles of medical reform, in felling the forests, in removing the underbrush and rubbish, in draining the dismal swamps, in letting in the sunlight of truth, we shall have to inevitably encounter the wild beasts of savage persecution, the stinging and swarming insects of bigotry, and the hissing and venomous serpents of superstition. So has it ever been. Galileo, for his temerity in proclaiming that the world moved, was thrown into prison and finally gained his liberty only by the recantation of his great astronomical discovery. But the grand old sage, on emerging from his dungeon, stamped his foot angrily and declared in suppressed tones, "still the world moves!" Yea, brothers in the fellowship of Eclectic truth, the world does move! And whether our beneficent system keeps pace with the world's onward march, depends for the most part upon the individual exertions of their practitioners and defenders. Always evincing that spirit of liberality and toleration which is ever conspicuous among the followers of truth, we should stand shoulder to shoulder, supporting, sustaining, and encouraging each other in our common cause.

Harvey was impoverished on account of his discovery of the circulation of the blood, and Samuel Thomson was thrown into a loathsome dungeon because of his re-enunciation that the "leaves of the trees are for the healing of the nations."

But the blood is still propelled by the heart through the arteries and returned to it again through the veins; and Thomson's discoveries still survive.

"The Avon to the Severn runs,
The Severn to the sea,
And Wickliff's dust shall spread abroad
Wide as the waters be!"

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THE ECLECTIC PUBLISHING CO

In an editorial in a recent issue of the *Medical Record* (Nov. 14th), that journal goes very far out of its way to abuse and malign Eclectics and Eclecticism. Were the article in question the usual tirade against the followers of progressive medicine, it would not be worthy of notice in these columns. But when an editor, a professional man, so far forgets himself and his dignity and position as to publicly project a vile slander, without even the semblance of truth, it is time to enter a protest. The following is the editorial to which we refer:

"We believe that most physicians have very vague ideas as to what the so-called 'Eclectic' really is. Perhaps the eclectic himself has been at times a little mixed as to his intellectual and medical status.

"'Eclecticism' in medicine, whatever it once was, seems now to be losing its distinctive character as a school having a peculiar therapeutic practice, and to be becoming simply a watchword for those

who desire the greatest possible freedom from restrictions, legal and social, on the practice of medicine. The Eclectic Medical Society of this State has declared formally against all attempts at placing legal restrictions on the practice of medicine, and the President of the Eclectic Medical Association of Pennsylvania declared, in his annual address, that the principles of eclecticism are based mainly on 'the American principle of freedom.' Eclectic medical journals raise the same cry against all legal or social restrictions to the free practice of medicine by everybody on everybody.

"All this might be very well if the principles were carried out with an honest regard for the welfare of the profession and the State. But in practice 'eclecticism' is in the main an attempt to justify medical diploma-mills and cheap colleges, and to organize and give respectability to quackery and quackish practices. The creed is: 'Let anyone practice who wishes to do so; let him get his diploma as he wishes, and let him help his practice with as much advertising as he desires.'

"Such a 'school' may do some mischief for a time; and it is shameful that it can attract even as much attention as it does, but it never will succeed in establishing a position or winning the respect of society.

"The practice of medical advertising is bound to increase, in a measure, in this country, but the nature of medical services is such that it never can or will be indulged in by the vast majority of competent practitioners.

"As for diploma-mills, in every succeeding decade a thorough and sound medical education will tell more with the people, and the ignorant charlatan will have to skulk more and more in the by-ways. The annual vaporings of 'eclecticism' are like the disagreeable miasms that arise from broken and half-cultivated ground—as the country settles they disappear."

So far removed from the truth are the statements contained in the above article, that it is only charitable to assume that the writer thereof was totally unacquainted with his subject.

It is untrue that the Eclectic has been at times "a little mixed as to his intellec

tual and medical status." The Eclectic fully appreciates his position, and means always to assert his rights, which rights are the same before the law as those enjoyed by the members of the other branches of the medical profession. It is untrue that Eclecticism is "becoming simply a watchword for those who desire the greatest possible freedom from restrictions, legal and social, on the practice of medicine." It is equally false that "Eclectic medical journals raise the same cry against *all* legal or social restrictions to the free practice of medicine by everybody on everybody." Eclectics do oppose all attempts at unjust medical legislation, that would place in the hands of an implacable and unscrupulous sect a power that they would wield only to accomplish their own selfish aims. Eclectics do not, and never have, opposed the enactment of laws that would be conducive to the welfare of the people, or that were in the just interests of the medical profession as a whole. The National Eclectic Medical Association, at the convention held at Altoona, Pa., in June last, unanimously adopted the following resolutions:

Resolved, That the members of the National Eclectic Medical Association are opposed to partisan legislation having in view the regulation of medical practice.

Resolved, That they are in favor of "Boards of Health," organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

Resolved, That we encourage testing the constitutionality of laws already enacted in several States, giving authority to organize health officials who discriminate against the professional interests of Eclectic practitioners.

And the un-American idea of prescriptive class legislation is not opposed alone by Eclectics, but is as strenuously resisted by Homœopaths; and even a large minority of the more liberal-minded of that distinctive medical sect cycled

"Regular," view it with unqualified disfavor.

The gross libel, that "Eclecticism is in the main an attempt to justify medical diploma-mills and cheap colleges, and to organize and give respectability to quackery and quackish practices," carries with it its own refutation. There is, unfortunately, charlatanry in all schools of medicine; but it is a notorious fact that the preponderance of quackery obtains in the sect represented by the *Medical Record*.

To the absurd utterance, that "it is shameful that it [Eclecticism] can attract even as much attention as it does," we would only say, that for forty years Eclecticism has been growing, expanding, and steadily advancing, thriving upon the abuse of the dominant school; that it numbers nearly 10,000 active, earnest followers, and that its principles are not only based on "the American principle of freedom," but are founded upon sound, rational, and successful methods of practice. It is a fact, that most of the reforms that find favor in the old-school to-day, have been forced upon it by the irresistible influence of American Eclecticism. We challenge the "Regulars" to name a half-dozen important indigenous remedies now in use by them, that have not been introduced by Eclectic practitioners; although the disciples of antiquated medicine have a peculiar way of arrogating to themselves *all* medical knowledge, and claiming the discovery of new (?) remedies that have been in use by Eclectics for years past.

There is one point on which we are in accord with the editor of the *Medical Record*: "As for diploma-mills, in every succeeding decade a thorough and sound medical education will tell more with the people, and the ignorant charlatan will have to skulk more and more in the by-ways." And when the doors of cheap diploma-mills

have been closed, the "Regular" school of medicine will be possessed of fewer medical institutions.

We would wish to see the day when all isms and pathies will have become obsolete—when the medical profession will have become united; but so long as bigotry and intolerance remain the chief characteristics of Allopathy, just so long will medical Eclecticism be a necessity, and will flourish accordingly.

* * *

Eclectics, it seems, have the same right as other physicians to take part as members of the International Medical Congress. The invitation which was sent out from that body at its meeting in Copenhagen, was to all the legally-qualified physicians of the United States to become members. The Congress neither knows nor recognizes any "regular practice," as the thing is called in this country, nor does it even know the American Medical Association in the matter. This is shown by the following letter of Professor Edward Hansen-Grut, President of the Congress:

"I am sorry you have so much bother about the Congress. The spirit that is at the bottom of the dispute is to me proof of such exclusiveness as I should not have expected to find in your country."

"The controversy about Codes, was never thought of, as we have nothing resembling your Code of Ethics."

"The invitation was decidedly given to the whole medical profession; none of us thought of or even mentioned the American Medical Association."

"The only qualification required was that the member be a legally-acknowledged medical practitioner in his country. Our Homœopaths who were legally acknowledged practitioners, were actually members, and undisputed members, of our Congress.

"Edward Hansen-Grut."

Exclusive doctrines, it seems, are held

in America alone, and by the Old School. The exclusiveness of the self-styled "regular physicians" utterly amazes the scholarly men of the Old World. Indeed, if ever men are put to death again for opinion's sake, we may expect these men to be busy in preparing scaffolds and piling fagots for the destruction of others.

The National, State, and other medical organizations of the Eclectic school of practice, will do well to provide for the acceptance by Eclectics of the invitation to the International Congress. We have men fit to go there; and they owe it to themselves, to their brethren, and to the common rights of human nature itself, to attend the meetings and participate. They have the right; let them not surrender it by staying away. The scientific knowledge which the Eclectics have originated is what the physicians of the other hemisphere value above everything else American. Let us meet our brethren half-way, as physicians, as Americans,—as men. w.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

TREATMENT OF SMALL-POX.—Answer to query of "A. G.," in Oct. issue of *Advocate*.—The best treatment of any disease is to place the patient in salubrious condition. More dependence should be placed on the conserving and promoting of the vital energy than any prescribed form of treatment. Patients who have been kidnapped and carried to small-pox hospitals to die, receiving there little or no attention, have made excellent recoveries. It is no unfair inference, that the recoveries were largely in consequence of having been so neglected. The current practice of vaccination has had the effect of producing carelessness in respect to prophylaxis or other measures.

I have never heard of any treatment

of small-pox that was in any way original with Eclectics or recognized as such. Too many Eclectics are disposed to move on in the old-school rut, and act on the *laissez faire* principle; and discussions on the matter are too generally discouraged. Yet Dr. J. J. G. Wilkinson of London, one of the best men and best physician of England, yet a Homœopathist, and therefore unrecognized, published a paper on the treatment of small-pox, which is Eclectic in principle and in the peculiar remedies made use of. It may be found in the fifth volume of the published reports of the Eclectic Medical Society of the State of New York. He employed Hydrastis and Veratrum Viride, in lotion—equal quantities of the tinctures being dropped into hot water, and the patient sprayed with it. If the inflammation be intense, he doubled the veratrum—a teaspoonful to a tumbler of water. In confluent small-pox, he dipped wet cloths in the preparation and applied it; but in the lighter form, mis-called varioloid, he sprayed the skin and let it dry. As the inflammation subsided, the veratrum was omitted, and only hydrastis used. The tinctures used were Keith's, imported from New York. Sulphite of soda in solution was also used in several cases.

Small-pox is an erysipelatous disorder—to which fact the plausibility of the vaccination hypothesis is largely due. It should, therefore, be treated as we would treat malignant erysipelas.

The diet should be nutritive and stimulating.

The internal treatment is as follows: "As soon as the disease is suspected, twenty drops of the concentrated tincture hydrastis are mixed with twenty-desert-spoonfuls of water; and a desert-spoonful is administered every hour. As the disease develops itself, the same dose is given every two or three hours. When the fever and erysipelatous swelling of the skin recede, add to the above mixture thirty drops of veratrum viride, and administer the combination at the intervals mentioned. Let the effect be watched; and, if faintness or, prostration, very slow pulse, with nausea and great perspiration are produced by the veratrum, the use of that ingredient must be suspended for a time. When putrescence is of a marked

type, and also when the pustulation is greatly developed in the mouth and on the fauces, the concentrated tincture of Baptisia tinctoria (Keith's) is very serviceable, and may be given in combination with the hydrastis, in doses of from three to five drops, mixed with each dose of the latter."

"With these simple medicinal means," Dr. Wilkinson declares, "I have obtained results unparalleled in the treatment of small-pox."

He explains the results as follows:—

1. The disease is abridged in duration. In the first case treated, a severe confluent small-pox, the symptoms were over in a week, and the patient out in eleven days.

2. The inflammation and primary fever are certainly and speedily subdued.

3. The pustulation is arrested and the secondary fever is annulled.

4. There is no itching of the pustules, and the patient has no motive to pick the face.

5. There is scarcely any pitting, and *a posteriori*, there is no seaming, even where the face has been one bag of matter; although, in such cases, the complexion is roughened for a time.

6. The stench of the old disease has no place.

7. The suffering is reduced to a minimum.

Owing to the antiphlogistic exactitude of the veratrum viride and the stimulating power of the hydrastis, stimulants are borne from the first.

Dr. Wilkinson adds that in but one case was infection communicated in the houses; which, coupled with the complete destruction of the stench, led him to infer that the hydrastis had killed the poison in and about the patient, and neutralized the detached poison particles and made them non-contagious. He also used drop-doses twice a day where the contagion was feared; and apparently with entire success.

The following formula has been used in France and Germany:

℞ Zinc sulph,
Digitalis, pulv., . . . aa gr. j
Aqua, ... 3 iv.

M. Add half a teaspoonful of white sugar, and give a table-spoonful every hour.

I regard this as an excellent prescription for all kinds of exanthemata; and being "regular" the prejudice of "regulars" need not prevent them from using it.

At the meeting of the Alabama Medical Association, in 1872, Dr. G. D. Norris, of Huntsville, stated that during the prevalence of small-pox in that town, certain families "at the instance of some unknown person," had resorted to the free use of a decoction of the root of the black cohosh (*cimicifuga racemosa*) as a means to prevent the attack of that malady. They escaped the contagion, and it was found impossible to affect them by vaccination, till they had discontinued the use of the remedy. As we need a prophylactic against the vaccine-poison, cheap and sure, this is possibly the thing desired.

Two other simple and very effective modes of treatment, alike in principle and mode of operation, are worth attention. One comes from England, and the other from Ohio; they are vouched for by "regular" physicians.

1. By Edward Hine: "I am willing to risk my reputation, if the worst case of small-pox cannot be cured in three days, simply by the use of cream of tartar. One ounce dissolved in a pint of water, and drank at intervals when cold, is a certain, never-failing remedy. It has cured thousands; never leaves a mark; never causes blindness, and avoids tedious lingering."

2. James Moore, M. D., Trenton, Ohio: "Eruption unmistakably that of small-pox. Upon the arms, hands, legs and body they were pretty evenly distributed; also a very dense crop all over the face, forehead, and scalp of the head, neck, and soles of the feet. By evening of seventh day of attack, at 10.30 o'clock, the pain was almost intolerable. * * * I recollected that lemon juice in sufficient quantities was a sedative, and would lower the heart's action, and by so doing might relieve me of those unpleasant visions. I therefore squeezed all the juice I possibly could out of one of the lemons into a glass; to which I added about two tablespoonfuls of water, and drank it. I then opened the rind and sucked the remainder of the juice. In about twenty minutes I took another lemon and used it in the same manner. In a short time I

felt very cold, as if I was lying in close proximity to a large mass of snow or ice. My pulse had dropped down to 60, and I shut my eyes to see whether the unpleasant visions were gone. I not only found that they were gone, but by placing my hand upon my head, I found that *the pox on my head had gone also*. My head was bathed with a grumous-like fluid, which had exuded from the pox. It stained the napkin which I had applied to wipe it off. It seemed as though each had given up its contents and wilted down to a level with the surface. The same had taken place with those upon my face. My beard was glued together with the same kind of fluid. Those upon my neck had not bursted, but had shrunk away, and diminished in size considerably.

"I lay down and slept comfortably for two hours. I awoke, I presume, from cold, although I had plenty of covering upon me, and the fire was still burning in the grate. I felt so well pleased that I took a little more lemon juice. I kept my pulse from 60 to 67 for 36 hours, when all eruptions and elevations had disappeared from my skin. I then bade good-bye to lemon juice and small-pox."

As a treatment really Eclectic consists in only holding fast that which is good, I would be disposed to give my suffrage, if the case was my own, to the latter methods cited. Yet, if I was to treat a patient, I would bathe him, as Dr. Wilkinson has described, and give freely the acid draughts here mentioned.

Small-pox is a septic rather than an infectious disorder; it will and does originate spontaneously in crowded and unwholesome places; and it is erysipelatous in its character. These facts indicate ozone treatment, thorough cleansing and ventilation, and a careful avoidance of everything empirical. Only by attention to these conditions can it ever be extinguished. A small-pox epidemic often precedes one of dysentery or Asiatic cholera. w.

EDITOR ADVOCATE.—Will you please publish the formula for "Mayer's Ointment?"

DR. C. L. GREGORY.
YREKA, CAL.

EDITOR ADVOCATE.—As this is the season when diphtheria takes hold upon the community, might it not be a good idea

for physicians to write up their methods of treatment of this malady, and forward to the *Advocate* for publication? Brief articles, devoted entirely to treatment, would be more acceptable to the profession, I believe, than long-winded articles that are often only a rehash of the matter contained in our text-books.

J. STEUBLE, M. D.

EDITOR *Advocate*.—In your next issue, please give a good *Rx* for "Cascara Cordial," and oblige,

J. K. FARMER, M. D.

WALTON, KANS.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to the department such formulæ as have proved useful in their practice.]

APPLICATION FOR DIPHTHERIA.

The following will be found a most useful formula:

Rx. Liq. ferri sub sulph., - - 3 iv.
Acid carbol., - - - - 3 j.
Sodæ sulph., - - - - 3 iij.
Glycerini, - - - - 3 ij.
Aquæ, ad, - - - - 3 iv.

M. Sig.: Apply by means of a brush or swab every two or three hours.—*Med. Digest.*

FOR ALOPECIA.

Prof. Gross advises that the hair be shingled, then head cleansed with—

Rx. Saponis viridis, - - 3 ij.
Aquæ cologniensis, - - f 3 iv.

M. Sig.: As a wash every third night; then use several times daily—

Rx. Tinct. cantharid, - - f 3 iss.
Tinct. capsici, - - - - gtt. xx.
Glycerini, - - - - f 3 ss.
Aquæ cologn, - q. s. ad. f 3 j.

M. —*Col. and Clin. Rec.*

APHRODISIAC PILL.

Rx. Sulph. quiniæ, - - - - gr. j.
Ext. damianæ, - - - - gr. iij.
Ext. nucis vomicæ, - - - - gr. 1/8
Phosphori, - - - - gr. 1/100

M. Make one pill.

—*Med. World.*

FOR SEXUAL DEBILITY.

Rx. Phosphori, - - - - gr. j.
Ext. nucis vomicæ, - - - - gr. x.
Ext. cannabis Indicæ, - - - - gr. v.
M. Divide into 20 pills. Sig.: One night and morning.

L. LEWIS, M. D.

PILL OF TAR.

This pill is used in Consumption Hospital, London.

Rx. Tar, - - - - gr. ij.
Magnesia: sufficient quantity.
M. Make one pill. Take two to four a day.

FOR FLATULENCE AND WEAK STOMACH.

Rx. Tinct. nucis vomicæ, - - gtt. v.
Tinct. gentian comp., - - -
Tinct. cardamon comp., - aa 3 j.
M. Taken at one dose before meals.

ASEPTIN.

This preservative material for milk, meat, etc., is said to be made as follows:

Borax, - - - - parts 2.
Alum, - - - - 1.

Powder and mix thoroughly together.—*Nat. Drug.*

OUR PORTRAIT GALLERY.

Portraits of the following physicians appeared in the *Advocate* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rhodes Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch.

MAY:

- VI. Dr. I. J. M. Goss.
- VII. M. Louis Pasteur.

JUNE:

- VIII. Dr. Richard E. Kunze.
- XI. Dr. Wooster Beach.

JULY:

- X. Dr. William Bell.

AUGUST:

- XI. Dr. L. E. Russel.

SEPTEMBER:

- XII. Dr. Anson L. Clark.

OCTOBER:

- XIII. James Anton, M. D.,

XIV.

Lemon T. Beam, M. D.

Our biographical department this month is graced with the portrait of the above named well-known practitioner—one of the most laborious and successful Eclectics in the State of Pennsylvania: He was born, raised, and for

some years practiced in Westmoreland County of that State. His academic years were spent at the Ligonier Academy; his medical preceptor was Dr. Henry Yeagley. He attended lectures at the Eclectic Medical Institute, Cincinnati, Ohio, from which college he graduated in 1855. Locating at Ligonier immediately afterward, he pursued the practice of medicine with the most gratifying success until 1870, when he removed to Johnston, Pa., where he has gained an enviable reputation in the successful treatment of difficult chronic diseases.

As a writer, Dr. Beam occupies a prominent place among the contributors to our leading medical journals. He wields a ready and versatile pen. His articles read before the National Association, and published in the Transactions of 1878 and in subsequent volumes, have always been favorably received by the profession generally. He is most favorably known to Eclectics by his pamphlet, "the Medical Conflict," which has just closed out its seventh edition.

The Doctor has, from the first, taken a bold and manly stand against class legislation, holding to the rational and liberal idea of freedom and independence in thought and action. Hence, he has strenuously opposed the old *Regular* notion that the people should be kept in ignorance of their medical wants. He has no sympathy with those who hold the opinion that medical knowledge should be the exclusive property of self-constituted custodians.

All legitimate medical associations—local, State, and National—whose object is the dissemination of knowledge, have had in him a most active and efficient advocate and supporter. Few men have done as much as Dr. Beam to educate and prepare young men for the medical profession, and all worthy students find in him not only a painstaking and wise counsellor, but a generous and liberal helper. Dr. Beam now holds the position of President of the Pennsylvania State Eclectic Medical Association.

ECLECTIC SELECTIONS.

CHOLERA MORBUS TREATED BY HYPODERMIC INJECTION.—In an article in the *Massachusetts Eclectic Medical Journal*, Dr. C. E. Miles advocates hypodermic injection of morphia in cholera morbus. After citing six interesting cases treated successfully by this method, he says: "The treatment, both medical and hygienic, that follows the subsidence of the acute attack will vary with different cases, which need not be considered in this paper; so, too, there are certain auxiliary agents that may be helpful during the period of violence. But I submit, that when offending material has been removed from the stomach, the 'sheet anchor' in the treatment of cholera morbus is the hypodermic injection of the sulphate of morphia, unless

there are known or strongly suspected constitutional or hereditary contra-indications to its use. It is certain to be retained in the system; it relieves the general pain and the cramps; suspends the nausea and retching; stimulates the flagging system, and gives repose promptly when it is so much needed, usually leaving the stomach in a condition to retain the indicated remedies. Some will say, 'it may do harm!' Surely it may. So may any of the more powerful remedies that we prescribe every day, if injudiciously administered. It is wise to add to the morphia from $\frac{1}{16}$ to $\frac{1}{8}$ gr. of atropia, to counteract the nausea it produces in some persons."

THERAPEUTIC NOTES.—*Alkaline urine* is said to be rendered acid by the inhalation of nitrite of amyl. Alkaline urine is generally rich in phosphates, a pretty clear indication of some disease of the nervous centres; hence, turning to acid by inhalation of nitrite of amyl shows that the change is brought about through vaso-motor influences, as this medicament has a potent influence in causing paresis of the vaso-motor nerves, which result in dilation of the arterioles and an increase of blood to the tissues, especially of the brain and spinal cord and muscles. Uric acid is usually passed in large quantities under the influence of nitrite of amyl.

Polymnia Uvedalia Ointment.—Slice the recent root into thin pieces, one-half pound of which is to be added to a pound of clean, sweet lard and then slowly digested in a water-bath for six to eight hours, stirring every now and then. The value of this ointment is nearly without limit. It is the best external remedy we have for enlarged spleen, disordered joints, chronic inflammation of the ovaries and uterus, scrofulous ulcers, etc. It is the best application to make the hair grow.

Treatment of Tonsillitis with Bicarbonate of Soda, acute and chronic forms, should be more generally adopted for the success it yields. Recently, we ordered a saturated solution as a gargle to be used frequently in a severe case of acute quincy, which speedily broke up the attack. We also ordered ten grains to be taken every two or three hours in a glass of water. In chronic cases of tonsillitis we find it a good



L. J. Beaman



remedy. The remedy is also of considerable value as a douche in catarrh of the nose—about the strength of five grains to the fluid ounce of water used warm.—*Geo. Eccl. Med. Jour.*

EAR PRESENTATION—RIGHT LOBULOLLIAC.—By Edwin Freeman, M. D.—Ear presentations are rare. "In 20,517 instances they have been met with only six times, five of which were of the left side of the head." (King's Am. Obstet.) The mother in the following case was a mulatto, married about four years, of slender form, but usually having good health. She had a miscarriage at seven months, about a year and a half previously. I was called to see her in the morning, and found the membranes already ruptured and the side of the face and ear presenting at the pelvic brim. A good part of the day was consumed in trying to rectify the mal-position. During the uterine contractions, the head of the child would glide over the pelvic brim forwards and to the left, and no manipulation could prevent it. The pains became weak and the mother exhausted. I then resorted to the forceps, to change the position of the head and bring it into the pelvic cavity. The cranium could not be grasped, and the soft face could not be held by them—the forceps would slip every time. Failing in the use of the forceps, I introduced the crotchet into the mouth, and caught it into the upper jaw, but failed again to bring the head into position.

Having called in counsel, I administered chloroform, and he tried manipulation, and then the forceps, without success. He then mutilated the face, removing bony framework and part of the soft tissues. The relaxation of the womb from chloroform (she was kept under the influence for one hour and a half) and the lessened bulk of the head allowed it to engage in the superior strait. She was then released from the chloroform and plied freely with large doses of ergot, beef-tea and whiskey, in alternate doses, which brought on strong uterine contractions that soon resulted in the delivery of a dead child. The woman made a good recovery after threatened metritis.—*Eccl. Med. Jour.*

"DISCOVERIES."—If, in these latter days, the Church of Rome were to call

the faithful together, and say, after the manner of Mr. Chadband, "Rejoice with me, my children, for one of your number has made the great discovery that the earth moves around the sun, and not the sun around the earth, and I am about to confer upon this mighty discoverer the highest honors in my gift!" it is probable that outside barbarians would ironically remark, that the "great discovery" had been schoolboy's knowledge to the children of the unfaithful, lo! these centuries; and the Church of Rome might, at any moment of that time, have informed herself on the subject, for the asking. They would doubtless further remark, that the attention of the Church was once called to this same discovery by one Galileo, whom, instead of rewarding with the highest honors in her gift, she straightway consigned to the dungeon and the rack.

A close parallel to the above suppositious case, is found in the occasional rallying by the "rational" school, of its faithful followers, to rejoice over some new therapeutic discovery by one of their number, and join in honoring the discoverer; said "discovery" having been commonplace of medical practice among homœopaths for years, and not improbably having been called to the attention of the "rational" school by one Samuel Hahnemann, who was straightway relegated to the dungeon of professional ostracism, and stretched on the rack of popular ridicule. Homœopathy, in the early days of its "struggle for existence," when it could ill spare any honor that was its due, was wont to regard these triumphant "discoveries" by their adversaries, of remedies whose efficacy they themselves had long taught and demonstrated, with something of wrath and bitterness; but to-day, in the serenity of established power, they can well afford to regard them humorously, and even to rejoice in them for suffering humanity's sake.—*Homœopathic Journal.*

We have thought much the same as the above concerning Allopathic "discoveries" of the therapeutic properties of many agents which have been introduced by, and whose real value has been known to Eclectics for many years. We read four or five years ago, an announcement from an English journal, reproduced in all the important Allopathic

journals in this country, of the discovery, by a prominent physician in England, of Gelsemium as a valuable agent in facial neuralgia. If they had been willing to always accept that which was good, and had not ignored the investigations and discoveries of the "irregular" Eclectics, they could have enjoyed the benefit of that knowledge, for the past forty-five years, which they are now reaping, in their universal adoption of so large a number of Eclectic agents.—*Chicago Med. Times.*

HOMOEOPATHIC SELECTIONS.

ALLOPATHIC STUPIDITY.—It is plain that we cannot expect the rank and file of the profession to learn wisdom when the leaders are as dull as Dr. Bristowe confessed himself to be in his address at Cardiff (*British Med. Jour.*) Dr. Bristowe is certainly one of the most enlightened and liberal-minded men in the allopathic profession, and yet he would appear not to know that it is possible for a powerful drug to harm when it is given to do good, however large the dose may be and however long continued. He says:

"I recollect, when the skin department of St. Thomas' Hospital was under my management, I determined in many cases to prevent, if I could, the recurrence of psoriasis in patients whom I seemed to have cured with arsenic." A very laudable resolution to take; but how did he propose to take it?—"I continued the arsenical treatment for months while the patients were apparently well!!!" And the result?—"Over and over again the psoriasis reappeared, even while the patient was under the full influence of the antidote."

And no wonder! If you give arsenic strong enough and long enough it will produce a skin disease of its own. But Dr. Bristowe fell under the fatal delusion of words. Arsenic is the "antidote" to psoriasis: he "gave it as the antidote:" how could the arsenic do anything else besides that which he prescribed it for? But, strange as it may seem, drugs pay no attention to the notions in the prescriber's head; they have ways of their own which they will follow, sometimes much to the surprise of the physician, who only knows the names that have been given to them

and not their actual properties.—*London Hom. World.*

TREATMENT OF BURNS, SPRAINS, ETC.—Dr. Katsch finds that the quickest and most effectual remedy for burns caused by heat not by chemical substances, as lime or acids—is the repeated application, by means of a feather or camel's-hair brush, of a mixture of 14 parts sulphuric ether with 1 part of oil of turpentine. The application almost immediately removes the pain, which, however, soon returns, and renewed applications of the remedy gradually take away the pain.

In sprains, dislocations attended by much swelling, fractures of arms, legs, etc., Katsch finds a compress of sulphuric ether alone the most sovereign remedy for reducing the swelling and dispersing the exudation.—*Allg. Hom. Zig.*

THE CODE.—"Mother," said Ike Partridge, one day, while indulging in a philosophical and scientific mood, "is it not generally understood that an animal's tail is given for a 'covering'?" The maternal ancestor signified her opinion affirmatively. "Well," said Ike, "mother, I really believe a goat's tail a positive disadvantage." Now so think we of the caudal use which our Allopathic neighbors attempt to make of their "Code." It serves to advertise rather than cover their nakedness. The unwritten Code of good taste, good sense, and common honesty, is all that is ever needed to bind and govern gentlemen in their intercourse with each other, whether personal or professional.—*St. Louis Periscope.*

PERISCOPE.

EARTH ANÆSTHETICS.—A French physician, Lagneau, has been making researches into the anæsthetics which were undoubtedly used in early times. He finds mention by Pliny of a stone which was treated with vinegar and used to create local insensibility to pain. Decoctions of mandragora and of a plant called "morion" were mixed with the food of patients and employed by surgeons for producing sleep, down to the thirteenth and fourteenth centuries. Opium was also used before operations,

and in the East the anæsthetic properties of hemp have been known from the earliest times. Even anæsthesia by inhalations—both prepared from opium, henbane, mandragora, hemlock, and many other plants, and inhaled from a sponge—having been discovered in the thirteenth century. Sufferings from the tortures applied by the judicial tribunals of the Middle Ages were diminished by allowing the unfortunate victim to inhale a liquid containing all the ingredients required for chloroform.

THE NEW ELEMENT.—The new metal gallium melts at 81.1 degrees Fahrenheit, becoming liquid when held in the hand. Its specific gravity is a little less than 6, or about half that of lead. It tarnishes but slightly in the air. It adheres readily to glass when fused, forming a beautiful mirror. In chemical characteristics the rare element gallium most resembles the abundant element aluminium.

TO CLEAN MORTARS.—Mortars in which oils, balsams, or grease have been mixed, should first be thoroughly scraped with a spatula, then wiped out with paper, next with a piece of cotton batting slightly moistened with spirits of turpentine, and lastly, with cotton moistened with a little soap liniment, and washed with water. By this treatment, tar, oil, grease, petroleum, balsams, iodoform, asafetida and resins can be effectually removed, and much time and annoyance saved. Stains from iodine are best removed by rubbing a few grains of iodide of potassium and a very small quantity of water together, which forms a concentrated solution in which iodine is soluble; for permanganate of potassium, use muriatic acid. Indigo will be removed by strong sulphuric acid.—*Am. Jour. Phar.*

COCAINE IN THE AVULSION OF INGROWING TOE-NAIL.—Dr. F. Peyre Porcher thus writes in *Medical News*:

A lady came to me after undergoing very great suffering all winter from the ingrowing of both toe-nails. She had been incapacitated for taking exercise; there was loss of sleep, and her health was being undermined.

As it was a condition precedent that there was to be *no pain*, chloroform

was promised if required, and I proceeded as follows:

A four per cent. solution of hydrochlorate of cocaine was instilled, drop by drop, from the point of a hypodermic needle upon the slightly raw surfaces in the furrows on each side of the ingrowing nail of the big toe. A rag, wet with the same, was kept pressed against the upper surface of the toe, and three injections of this strength were made hypodermatically in the flesh at the base of the nail, just above the matrix. The tissues here being thin, and not very cellular in structure, probably ten to fifteen drops may have been received and absorbed.

After the lapse of fifteen minutes, the narrow blade of a fine-pointed pair of scissors was passed under the nail, which was divided to the matrix, when the two portions of nail were forcibly extracted with strong forceps, and any shreds of nail remaining at the roots were cleared out.

Having remarked that the operation was finished, the lady, who had not winced, expressed great surprise. After three days she was well enough, wearing a light slipper, to visit friends some miles in the country, and three days later returned to her home in one of the upper countries.

I had witnessed a similar operation performed by a gentleman in this city, which was successful.

SIMPLE TEST FOR ALUM IN BREAD.—A simple but infallible test for alum in flour was shown by the lecturer. On a portion of adulterated flour being placed in a small quantity of chloroform the flour floats, while the alum or other mineral matter sinks to the bottom; so, also, in a similar way, alum in bread may be instantly detected by placing a small piece of the suspected loaf in a solution of Logwood and ammonia—the bread turning blue if any alum be contained in it.—*Ex.*

CAN A CHILD HAVE LIVED IF THE LUNGS DO NOT CONTAIN AIR?—This interesting question, which, when affirmed, may greatly increase the number of convictions of infanticides, is debated at considerable length by Dr. Ullmann, in the *Vereinsbl der Pfalz, Aerzte* 2, 1885:

In February, 1883, in Homburg, an

illegitimate child was born in a bucket filled with refuse water, and remained in it for two hours without anybody coming to its aid.

The post-mortem examination proved that the fifty cm. long and 3,400 grm. weighing child had been born at full term and been capable of existence. The hair was dense, three cm. long, and nails and cartilages were fully developed.

Areolar tissue was injected with blood, the main veins of the neck were filled with blood, and in the left auricle about thirty grm. of dark blood were found.

Both lungs completely free from air, sank in water. In the buccal cavity, the pharynx, the larynx, in the bronchi, up to their smallest ramifications, even to the very surface of the lungs, there were met with grayish, blackish ash-and-coal particles of the same kind as those present in the refuse water, into which the child had dropped immediately on being born; and in the stomach the same particles were found.

From these phenomena, Dr. Ullmann concluded that notwithstanding the absence of air in the lungs, the child lived after birth, as the particles mentioned could have penetrated as far as they did only by aid of a vigorous inspiration and swallowing. Otherwise, they might have been found in the mouth, the pharynx, and even the trachea, but they could never have extended into the finest branches of the bronchi.

In recent days, especially in Prussia, swinging is greatly practiced in the cases of stillborn children, the swinging motions, first recommended by Schulze, taking the place of artificial respiration. Dr. Runge draws our attention to the fact that this swinging, even if not successful as concerns the revival of the child, always has this result, that air enters the lungs. In all such cases the lung-test, therefore, would not be an available proof before court. Suppose a mother is charged with having killed her new-born, and the lung test, proving the presence of air is looked upon as direct evidence of the child's having breathed, and been, therefore, born alive. If the nurse or the midwife had practiced swinging, the lung-test would not be admissible for the reason above mentioned. Still physicians ought to be

careful, and not propagate this knowledge, as it may be made use of for criminal purposes.—*Med. and Surg. Reporter*.

THE ORANGE AS A GALACTAGOGUE.—A correspondent of the *North Carolina Medical Journal*, of April, 1885, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially.—*Med. Bulletin*.

ETHER AND GALVANISM should never be applied at the same time. Dr. Hugh's reports an interesting case from his own practice when he was treating a patient for cerebro-spinal trouble, and had received a descending fronto-cervical constant current and a liberal douche of sulphuric ether to the top of the head. The patient was immediately thereafter conducted to the static insulated stool, and as the roller was applied up and down the spine, the ether on the head ignited.

A SHOCKING CHILD-BED CHAMBER.—J. S. Parker, M. D., in *Med. World*.

As I wish to impress a lesson on the youthful practitioner who may read this item, I have permitted my pen to head this article as above.

And so it was to me, at least. I had been educated by a hard "old-school calomel-and-jalap" doctor; I had the hard old-school diploma; and had had twelve years of regular "the medical profession" practice, when Dr. John Smith, two-hundredth-trituration M. D., called on me and said: "Mrs. Clara Money-bags, wife of General-Gun-Shot, of the United States Army, expects to be confined in a day or two. I cannot allow her to be in any peril, and have concluded to ask you to be counsel in the case, if your exclusive New York State code will permit you to consult with us practitioners, as highly educated as yourselves."

As some of us had then determined to

break down "The Code" in this State, as we have since done to the disgust of the American Association, I consented to be counsel.

The beautiful woman lay in her splendid mansion, and in a very exhausted state; the child was born, the lady lying composed, but as I thought in a dangerous state. I suggested brandy. Dr. Two-hundredth-trituration shook his head, but did not whisper even. I suggested hot water, ergot and other expedients. He replied in the lowest audible whisper, "meddlesome midwifery."

I examined the vagina and uterus for hemorrhage; there was none. He then smoothed the clothes about the mother's person, aided by the experienced nurse, took a spoon and counted ten drops of the first decimal dilution of ergot, and without a word presented it to her lips in a spoonful of water. She swallowed it with unmoved head. He motioned silence to the nurse, and motioned the husband out of the room; he whispered "quiet, sleep, now," and we too left the room. The room was so still that the breathing of the nurse was audible.

We descended the stairs to the parlor, where the two-hundredth dilution doctor said: "All is right; I shall give her the purest ice water, have perfect stillness, rest and recovery."

Away had gone brandy, bandage and all else that had kept me so busy as a fussing old-school doctor.

There was to be no food administered for thirty hours except a tablespoonful of milk in a little water; no morphine, no hypodermics; nothing but stillness, rest, cheerfulness, hope, peacefulness!—these so marked that the very walls of the house were participants in the wonderful spell of quietude.

We called the next day at 10 A. M. The woman smiled, was stronger and wonderfully better, and recovered, by water, perfectly pure milk and water, care, and not a two-hundredth or eight-hundredth dilution, nor a sugar pellet.

All I can say is, I was "shocked" that a feeble, thread-like pulse, and exhaustion to incipient death, needed only silence, rest and cheerfulness to recover. Certainly she had not that pale, ghastly, sweating, brandy-and-whisky countenance that we all see on the sick bed; nor the nausea of the morphine and hypo-

dermic syringe; nor the ghastly effects of cathartics; nor any puerperal fever; no anything, but a splendid getting along and recovery.

And this we call "irregular," "ignorance," "unskilled practice," not to be countenanced nor to be met in consultation by *us medical gentlemen*.

It has, at least, this lesson: that the medical profession is advancing to the medical truths; that neither in health nor in sickness is alcohol of the least use whatsoever; that the sooner we abandon alcoholic preparations of all kinds, the better; that we often injure, by opiates, the natural rest that would, under proper conditions, be better than all we could do by morphine; that our medicines are often useless; that we can implicitly trust nature, and had better do it far more than we are accustomed to do; that the shock of child-birth, fractures, railway and runaway vehicle accidents are better treated by quietude and milk and water than by stimulants and medicines; that, even if we ignore and despise the homœopathist, they are in many cases educated and skillful men, and have demonstrated ably some of the finest methods of management of the last fifteen years; that "The Code," as it is called, in the end must go, and all educated practitioners be treated as gentlemen, equal to us who are of the regular and older school.

I never expect to be a homœopathist, but I will not blind my eyes to anything that is good in itself. This "shocking child-bed," and its singularly happy result in bounding health without a mishap, has saved myself and my patients very much "meddlesome midwifery," as well as much morphine, quinine, and the use of my hypodermic syringe, in cases of shock, depression, and accidents.

BLEACHING BONES.—By experiments made at the Bavarian Museum, a very simple and effective method of bleaching bones, to give them the appearance of ivory, has been discovered. After digesting the bones with ether or benzin, to recover the fat, they are thoroughly dried, and immersed in a solution of phosphoric acid in water, containing one per cent. of phosphoric anhydride. After a few hours they are removed from the solution, washed in water, and dried,

when they will appear as indicated above.—*Pop. Sci. News.*

ADVICE TO YOUNG DOCTORS.—We take the following from the columns of the *Brooklyn Eagle*, and reprint it as a curiosity:

Do not be persuaded by foolish friends to plant yourself in any new quarter of the city. All new colonies are fatal to any early enterprise, the first settlers only clear the way for those who follow, and are regularly ruined for the benefit of posterity. When you have taken a house and put your brass plate on the door, you cannot do better than go abroad for four or five years. At your return you will probably find that no one has inquired for you, which must be very consolatory to your feelings, inasmuch as it will show you have lost nothing by your absence, and have yet given the world time to begin to ascertain there is such a person in existence as yourself. Having familiarized people with your name, it behoves you then to give it notoriety; therefore lose no time in getting into print. You cannot lay out a couple of hundred dollars to better advantage than publishing a pamphlet on any popular medical subject. A treatise on indigestion has gained many a physician a sumptuous dinner. Mott, Francis, Buck, furnish excellent examples of the sort of alchemy which transmits a grievous dyspepsia to a groaning table. "So many dishes," says Seneca, "so many disorders," but *vice versa* with the doctors, so many disorders, so many dishes. The great majority of mankind are fools—that large portion you are to live by; therefore mystify your patients. When you talk to them, let it be in King Cambyses' vein. The ears of the million are easily captivated; when once their senses are confounded, they have naturally a reversion for anything they do not understand. In brief, in all your dealings with men, remember you have to do with folks who, according to the Latin proverb, "have all at some time been insane." Never give a direct answer to a patient's question, never commit yourself by entering into explanation with the friends. To the sick man you cannot put too few questions; to the relatives you can never give too few replies.

The great art of a physician is to gain the confidence of the patient, and for that purpose his first object should be to inspire him with hope. It is not a hesitating manner or a melancholy mien which is calculated to raise the drooping spirits of the sick; it is not a hangman's look or a mute's demeanor that is likely to lend the physiognomy of the physician the character of a messenger of glad tidings, who comes with healing on his wings and the gift of health in his right hand; it is not the timid eye, the irresolute tread, the frivolous tongue, the fearful voice, or the foolish simper of servile acquiescence with the opinions of the friends or the prejudice of the attendants of the sick, which are at all favorable to the production of that faith which can remove diseases which have been mountains to mere medicine.

Never refuse a fee from any person who is able to give one, in order that you may never have occasion to take one from a man who is too poor to well afford one. It matters not how mercenary you may be accounted by the rich, so long as you are merciful to the poor. If you can not get fees without depriving them of bread, it were better you had never been a doctor. Your friends nor your familiars have any claim on you skill, whatever they may have on your affection. If they are entitled to your gratuitous attendance a large connection would be a great evil to a physician. Were you a merchant they would not ask your goods without an equivalent, and surely because you are a man of science they cannot expect the still more precious chattels of the mind without any compensation.

To obtain practice be sure to enlist the service on your side of the pastors of all denominations in your neighborhood, and pay your court assiduously to the influential women, but above all, if in the country, to the one or two charitable ladies, *par excellence*, who are to be found in every town, devoting a life of single blessedness and all the leisure of neglected beauty and imperishable celibacy to the service of religion and humanity. Be sure of the golden opinions of these good women, for with all their active benevolence they have a large portion of their leisure to bestow on the privacy of their friends and neighbors, and heaven defend the reputa-

tion of that poor wretch who, at the terrible Areopagus of their tea table, is consigned to the tender mercies of their envenomed tongues.

Avoid the society of your patients. Physicians should have no failures; to be thoroughly respected, they must stand aloof from the gaze of society. A prophet has no power in his own country, neither has a physician in his own circle. Without skill it is impossible to become a flourishing physician, but without good manners all the skill of the most eminent physicians will not avail you a large capital. A good address is everything to a doctor. The public are incapable of judging of a medical man's real knowledge: the only way they have of forming an opinion, therefore, is by analogy, by scrutinizing those superficial qualities and the outward visible signs of them, which come immediately within the narrow sphere of their comprehension. If his manners be good, they give his knowledge credit for the advantage.

MASTURBATION IN THE FEMALE.—Uterine hemorrhage may be due to congestion of the ovaries. If the congestion is marked, it may be the result of self-abuse. I do not think that this practice is by any manner of means as common in the female as in the male. There are several reasons why this should be the case. In the first place the genital organs of the woman are internal, and are not liable to the same irritation as are the organs of the male. Simple mechanical irritation will cause erection of the penis without any erotic feelings whatever. In the second place, by a wise provision of Providence, man is made the aggressive creature. If woman were the aggressive party, there would be very little virtue in this world. The passions of the male are, as a rule, much stronger than those of the female. This is seen in the lower animals, for the female often tries to prevent the approaches of the male. Another reason why the practice is not as common in the female as in the male, is that at the present time there are very few women in a condition of typically good health, and therefore their passions are not so strongly developed. As I have said, I do not think the practice is as common in females as in males, still it does occur

in boarding schools and also in our public schools. Not only are these habits practiced, but there have been circulated among the pupils of the public schools pamphlets of a pernicious character, as I learned when I was on the committee to look into the spread of this foul literature. We found that pamphlets of the most debasing character had been distributed in the public schools.

When masturbation has been practiced for any length of time, the evidences can often be discovered by examination of the external organs.

Masturbation is not so readily accomplished in the female as in the male. Many females who practice this vice never reach the orgasm. It seems as though it were necessary that the whole vagina should be dilated and impinged as in the natural act. I have taken a good deal of interest in the investigation of this matter, and I have seen a number of cases where masturbation was practiced without the orgasm being reached, there being produced simply excessive excitement, the masturbator being obliged to desist from sheer weariness. This will explain why it is that when masturbation is practiced by the female it is carried to a much greater extent than it is in the male. I had a female patient who masturbated as often as eight times a day. There is no male that could stand such a drain on the system. It would end in excessive prostration, spinal trouble, or insanity. In that case, in spite of the use of the largest doses of bromide of potassium, which is a specific for this condition, if there is a specific, in spite of all moral persuasion that could be brought to bear, the practice was continued. I applied cantharidial collodion to the whole vulva, producing a really cruel condition, but still the practice was continued. Under such circumstances the habit is a disease.

What does masturbation in the female produce? It will cause intense congestion of the ovaries, and this will lead to the same condition in the annex of the ovaries, the womb, for the womb is really an annex of the ovaries. The womb is simply a pouch, while the ovaries are something more than that. This may lead to the production of an ectropion of the lining of the canal, and on two or three occasions I have found it

very difficult to decide between this condition and laceration of the cervix. In two or three cases the hymen was present. On looking at the part, it closely simulated laceration, and the test with the tenacula failed to reveal the nature of the condition, for the tissues were so infiltrated and soft that they could be brought together covering up the erosion. In these cases I am satisfied that masturbation was practiced.

What are the evidences of masturbation as revealed by an examination of the parts? In the first place the clitoris is much elongated, and the prepuce is hypertrophied and thrown into wrinkles. The nymphæ, which start from the clitoris and form the hood of the prepuce, from being rubbed become lengthened and thickened, and often there is more or less redness of the parts.—*Med. Bulletin.*

THREATENED SUSPENSION OF THE CARBOLIC SPRAY SYSTEM IN GENERAL SURGERY.—Professor Chiene, the pillar of the carbolic "spray" system among Edinburgh surgeons, has formally announced his intention of tentatively relinquishing the use of that instrument in his wards in the Royal Infirmary, for a term of six months. Irrigation with corrosive sublimate solution is to replace the older method. Many reasons have doubtless led to the abandonment of Mr. Chiene's long-prized vantage ground, but that which appears most present to the mind of this distinguished teacher of surgery is the curious fact that, though in season and out of season he has been the bold apostle of the spray, comparatively few of his students have seen their way to adopt it in the practice of their profession outside the hospital walls. This admission suggests interesting and curious comment, both on the quality of the seed and the character of the ground on which it has been sown, but from this we forbear. Edinburgh graduates are not likely to allow that the sower is to blame.

ON LOCAL ASPHYXIA OF THE EXTREMITIES.—Cases of local asphyxia and symmetrical gangrene of the extremities have been recently described by Messrs. Verneuil and Petit, who are of opinion that paludal cachexy plays an important part in the etiology. It is interesting

to compare their observations with that of M. Bouveret, which has been published in the *Lyons Medical*, June 8th. The patient, a woman, aged 68, lives in a country where ague is endemic, and she has been repeatedly attacked by it. She also suffers from atheroma of the arteries. In January, 1883, she noticed that the middle finger of her right hand was cold and of a dark color, but the normal temperature and color returned after dipping her hand into warm water. Some time later, the other fingers of the right hand were similarly affected; and little by little the disease progressed, so that now all the fingers and toes, as well as the palm and back of both hands, become at times cold and livid. Purple patches also appear occasionally on the forearms. The sensitiveness of the skin in the affected parts is much diminished, and sometimes even quite abolished. Dipping the extremities into warm water causes a temporary disappearance of the symptoms.—*British Medical Journal.*

MAD FROM JOY.—Men die from joy and become mad from sudden prosperity. Twelve years ago Councilman Londrigan, of Jersey City, lost a city bond for \$1,500. He could not recover it or procure a duplicate; but being in prosperous circumstances minded it not. Reverses have since brought him to poverty, and only by careful diligence has he been able to procure a livelihood. Last Saturday, his legal adviser, Mr. Stuhr, late Corporation-Attorney, found the holder of the lost paper which had never been redeemed. Londrigan was overpowered at this discovery which was to him as life from the dead. His reason gave way; he was in a delirium of joy, which was followed by hallucination. He saw in his ravings the image of the man that had kept his property from him, and made violent attacks upon it. So extravagant are his paroxysms that it is believed that his madness is hopeless.

SULPHIDE OF CARBON IN NEURALGIA.—Gasparini gives fifteen cases of neuralgia cured by sulphide of carbon. Ten or twelve drops of the liquid are to be poured on cotton-wool and applied to the painful spot, in a few minutes this application gives rise to a burning sensa-

tion, but does not blister. The unpleasant smell of the sulphide is masked by the essence of peppermint. The relief resulting from the application of the sulphide of carbon must be attributed to its effect as a counter-irritant. *Dolor major minorem solvit* is the explanation of its action.—*London Medical Record*.

NATURALISTS say that the feet of the common working-bee exhibit the combination of a basket, a brush, and a pair of pinchers. The brush, the hairs of which are arranged in symmetrical rows, are only to be seen with the microscope. With this brush of fairy delicacy the bee brushes its velvet robe to remove the pollen dust with which it becomes loaded while sucking up the nectar. Another article, hollowed like a spoon, receives all the gleanings which the insect carries to the hive. Finally, by opening them, one upon another, by means of a hinge, these two pieces become a pair of pinchers, which render important service in the construction of the combs.

SOME STATISTICS.—Some interesting statistics of the world's population have just been published, which contains tidings of comfort and joy for the fair sex. It appears that women have a greater tenacity of life than men. Nature very properly worships the female in all its varieties. Among insects the male perishes at a relatively earlier period. Female quadrupeds have more endurance than males. In the human race, despite the intellectual and physical strength of the man, the woman endures longest and will bear pain to which the strongest man succumbs. Zymotic diseases are more fatal to males, and more male children die than female. The proportion dying suddenly is one woman to seven men. One thousand and eighty men in the United States in 1870 committed suicide to 285 women. Intemperance, apoplexy, gout, affections of the heart and liver are more fatal to males than females. Pulmonary consumption is more deadly to the latter. All old countries, not disturbed by emigration, have a majority of females. Royal families show more daughters than sons. The Hebrew woman is exceptionally long lived, the colored man exceptionally

short. The married state is favorable to prolongation of life among women.

ARTIFICIAL CONCEPTION.—Not long ago a candidate presented to the Faculté de Médecine, of Paris, a thesis upon artificial conception, but after a long and somewhat heated discussion, it was determined to reject the thesis, and to destroy all the printed copies. The grounds given for this decision was, that if the thesis were approved, it might give an opportunity to certain unscrupulous physicians to carry on an unclean business, dangerous to the family and to the State. It is not often that Paris gives evidence of the possession of many scruples in such matters.—*N. Y. Medical Record*.

IS INSANITY CONTAGIOUS?—Dr. T. D. Crothers says: "The delusions of the insane are often projected one to another, and many instances are on record of entire families otherwise sane who are infected with the delusion of some member who is insane. The early history of many cases of inebriety affords striking examples of mental contagion. The victim frequents bad company and is influenced by inebriates. Any careful study of a number of cases of inebriety will show that the causation came direct through the influence of another. Men previously temperate are as positively affected by the contagion of an inebriate as they would be from a germ of small-pox."

THE SURGICAL TREATMENT OF GALL STONES.—Mr. Lawson Tait thus writes in the *Lancet*, September 5, 1885:

I have now performed the operation sixteen times, with uniform success, whilst the variations from the proceeding I am about to describe have been disastrous to the extent, in the hands of others, of between fifty and sixty per cent.

Having felt the position of the hepatic notch, I make an incision from the margin of the ribs over it directly, or almost directly, downward, cutting carefully through the various textures until I reach the peritoneum. This is carefully seized by two pairs of forceps and pulled backwards, an opening having been made between the two pairs of forceps large enough to introduce my fore-

finger. With this I search for the gall-bladder; and sometimes I have experienced considerable difficulty in finding it. Generally speaking, the stones can be felt in the bladder before it is opened. In two cases out of the sixteen I have not found any gall-stones; in one case a mistake had been made, and in the other the disease was in all probability malignant. Having found the gall-bladder, I cautiously bring its fundus towards the wound and seize it by a pair of forceps. If it is distended, it is first of all tapped and emptied; if it is not distended, or if it has been emptied, I lay it open by scissors or forceps to an extent sufficient to get a finger in; the edges of the wound in it are then seized by forceps, and any bleeding points secured. My finger then explores the bladder, and by means of forceps or scoop all the stones within reach are removed. A continuous suture is then applied so as to accurately close the peritoneum by uniting the edges of the wound of the abdominal wall to the edges of the wound of the gall-bladder, the two peritoneal surfaces being carefully adapted to each other. An India-rubber drainage-tube is then placed in the wound, and this is kept in for six or seven days, until it is possible to remove the stitches. If the stitches are removed along with the drainage-tube, the wound speedily heals; and if all the stones have been removed, the patient is already cured. If the wound re-opens, and bile discharges, or mucous from the gall-bladder, the remaining stones which occlude the passage must be dealt with, either by crushing from the outside of the duct or in some other way, as circumstances or the ingenuity of the operator may suggest. I certainly vouch for this, that so far as my cases have gone, it is not known that they have any tendency to the reproduction of the gall-stones.—*Med. and Surg. Reporter*.

A REMARKABLE CASE OF SELF-MUTILATION.—An unfortunate victim of inebriety was last week received into the General Hospital at Birmingham, suffering from the loss of blood consequent on injuries inflicted by himself, and resulting in complete amputation of the right foot. The man had been drinking heavily for some time, and was attacked by

delirium tremens, when, being alone in second floor room, he deliberately cut off his foot (which was found in the room with the boot still on) with a carving-knife. After completing the operation, he seems to have jumped into the street, as all other mode of egress was closed, and was found walking about on the bleeding stump by those who placed him in a cab and conveyed him to the hospital. Here it was found necessary to amputate the leg, and when an anæsthetic was administered for the purpose, the struggles of the patient were of the most vigorous description. Subsequently to the operation, also, he was very violent, and two men were required to prevent him from removing the bandages on his limb. The incident is instructive as showing to what a degree insensibility to pain may be induced under such circumstances as led to the condition in which this man was placed; but it need hardly be said that his constitutional state will necessarily militate against the chances of recovery possessed by him. Nevertheless, the sequel of the case will be of interest.—*Med Press*.

A NEW HEMOSTATIC AGENT.—Dr. Spaak (*Journal Med. de Bruxelles*) claims for the following simple solution excellent, not to say fabulous, results: Chloroform 2 parts, water 100 parts. He says that he has used this hemostatic liquid for several months and attributes to it the following great advantage:

1. It acts with truly wonderful rapidity.
2. It possesses no escharotic action.
3. It is to be had everywhere, and may be prepared instantaneously.
4. It costs very little.
5. It possesses no disagreeable effects, and does not hinder a surgeon in his operation.—*Cin. Lan. and Clin*.

LITHOTOMY was first performed in the United States by Dr. John Jones, Professor of Surgery in New York, in the year 1760. This gentleman was for a long time the physician of General Washington and Benjamin Franklin, and it is well known that the latter suffered from calculus, but could not be induced to undergo an operation.

A GERMAN OPINION OF THE INTERNATIONAL CONGRESS.—The success of the International Medical Congress is questionable. The American Medical Association has deposed the original committee and tried to substitute a new one. We hope that this domestic quarrel of the American physicians will soon be amicably adjusted, for European ophthalmologists will hardly feel inclined to take part in the meeting of a section from which Knapp and Agnew have been excluded.—*Centralblatt f. pract. Augenheilkunde.*

In order to prevent the introduction of syphilis into their homes, the reserve men of the Russian army, before being dismissed, are to be examined, and, if necessary, detained in hospital until it is safe to allow them to return home.

SPONTANEOUS RUPTURE OF THE STOMACH.—Dr. J. Clarke reports two cases of spontaneous rupture of the stomach, an occurrence so rare as to render it extremely interesting, especially from a medico-legal standpoint. The two cases recorded were instances of rupture of the stomach, and not a mere perforation of the walls of that viscus. The coats of the stomach in one case were atrophied and thin, but in the other were healthy; and in neither case were the coats of the organ softened or eaten away in irregular patches by the gastric juice. In both cases the stomach was empty at the time of rupture; and in both the gastric juice acted only on the spleen, digesting off its capsule and peritoneal coat in patches, and thus allowing the escape of blood into the abdominal cavity. Dr. Clarke thinks there can be no doubt that the rupture in both took place before death, and was not due to *post mortem* softening; the seat of rupture was on the anterior wall. The mucous membrane and peritoneal covering could be traced up to the margin of the rent, and did not present any marked degree of irregularity; and there was an absence of softening, erosion, or rupture on the posterior wall of the stomach.—*The Indian Medical Gazette.*

EXCISION OF SYPHILITIC CHANCER.—In 1884, a medical gentleman from a neighboring State called at my office to show me a small pimple situated upon the

middle portion of the integument of the dorsum of the penis. This lesion was an acuminated papule, not capped by a pustule. The epidermis was unbroken. The color was slightly livid, the size about 3/16 of an inch at the base. There was no appreciable induration. Indeed, the lesion had no pronounced specific character. It was not painful. There was no inguinal glandular enlargement. The lesion had appeared during the afternoon of the day before I saw it. It was less than twenty-four hours old, and the patient ascribed it to a suspicious sexual contact dating back two weeks. The integument of the penis and the rest of the body was normal, and the general health good.

A diagnosis was impossible, although the general appearance of the lesion suggested an accidental papule, and would have justified a favorable prognosis as to syphilis. Yet the patient was solicitous that something should be done.

Cocaine, as a local anæsthetic, was just coming into use, and I proposed to him excision with the aid of this agent. He gladly accepted the test. I washed the unbroken surface with a powerful solution of bichloride of mercury, one in two and a half, dried it, injected 5 m. of a four-per-cent. solution of cocaine, caught up the little papule, with a full margin of the ample soft integument around, and with scissors curved on the flat excised an abundant fold, including the lesion and considerable healthy tissue around. Two catgut ligatures upon bleeding veins and three catgut ligatures promptly finished the operation, and left the wound absolutely dry. The patient had not experienced a particle of pain. On his return home the doctor visited the suspected person, and found that she had a syphilitic eruption.

The wound healed promptly by first intention. On the sixty-second day, after three or four days of premonitory fever, no medicine having been taken, the patient observed a mild roseola, which promptly disappeared. Fourteen days later he visited me. He had lost eight pounds in weight. In one groin were two indolent indurated glands, and there was one in the other groin. The site of the excised chancre was soft and perfectly well, showing only a faint linear white scar. There was intense rheuma-

tism, worse at night. There were scabs in the scalp, and the hair was falling. A profuse general papular syphilide covered the entire trunk, the face and both the palms. Mucous patches abounded in the mouth. The eruption was brilliant and abundant; the patient pallid.

The disease had not been interfered with by any medical treatment, and was a plain instance of a sharp attack of syphilis which had not seemingly been in any degree modified by the excision of the initial lesion, although executed under unusually favorable circumstances.—*Annals of Surgery.*

BELLADONNA AND IODIDE OF POTASSIUM.

—The fact that belladonna produces dryness of the throat, nose, and mouth has induced Dr. Aubut to try it rather empirically to combat certain disagreeable effects of iodide of potash, and he has published his results in the *Lyon Medical*. In three cases of nasopharyngeal intolerance of the iodide, a mixture of belladonna with iodide of potassium has given good results. He had also the same success in a young man suffering from acute iodism, in whom he made this symptom disappear by preceeding the administration of iodide of potassium by the extract of belladonna. The dose was two pills of five centigrams each of the extract per day, one in the morning and the other at night. In one of the cases he was able to suspend the use of belladonna after some days, continuing the administration of iodide of potassium alone, without producing any intolerance.—*Cin. Lan. and Clin.*

SELF-REMOVAL OF A VESICAL CALCULUS.

—A correspondent of the *British Medical Journal* gives the following account of the extraordinary manner in which the eccentric Gen. Martine removed a calculus from his own bladder. The case, originally reported in the *East India Military Calender*, is called up by a recent report of a somewhat similar case published in the *British Medical Journal*, of which an abstract was given in the *Lancet* of Sept. 1.

"During the last fifteen years of his life, he was much afflicted with stone gravel; and, disliking to undergo the usual surgical operation for the com-

plaint, his ingenuity suggested to him a method of reducing the stone, both curious in itself and difficult in its execution. He took a very stout wire, of about a foot long, one end of which he cut in the manner of a file. The wire thus prepared he introduced by a catheter into the bottom of the bladder, where the stone was seated.

"When he found the wire struck the stone, he gently worked the wire up and down, so as to give it the effect of a file, and this he continued to do for four or five minutes at a time, until the pain, which the operation of the wire produced, was so excruciating that it obliged him to withdraw it. But, finding small particles of the stone discharged along with the urine after the operation, he repeated it in the same manner from time to time, till, in the course of a twelvemonth, he succeeded in completely reducing the stone. This circumstance exhibits a curious and remarkable trait of the eccentricity of his character. The contrivance was in itself ingenious, but his patience and perseverance in carrying it into effect are so very extraordinary, that we apprehend there are few men who, in a similar situation, would not rather endure the complaint than have recourse to the remedy. Some years after the operation, gravely concretions began again to form in the bladder, and, as he did not choose to try the wire a second time, these continued to increase until the end of the year 1800, when they occasioned his death."

REVIEWS OF NEW PUBLICATIONS, &c.

THE PHYSICIANS VISITING LIST (LENDAY & BLAKISTON) FOR 1886. Published by P. Blakiston, Son & Co., Phila., Pa. Price \$1.00.

This unexcelled visiting list has made its thirty-fifth annual appearance. Not only is it the best arranged of the several lists offered to the profession, permitting of a full daily record of the physician's professional transactions, but it contains in a condensed form valuable information that makes it a "remembrancer" for the practitioner. Besides the blank leaves for recording visits, engagements, accounts, etc., its contents are as follows: Almanac, Table of Signs, Hall's

ready method in asphyxia, Poisons and Antidotes, Metric System of Weights and measures, Posological Table, New Table for calculating the Period of Utero-gestation, List of New Remedies for 1885-6, Method for Artificial Respiration, and a diagram of the chest.

DRUGS AND MEDICINES OF NORTH AMERICA.

—Quarterly. Published by J. U. & C. G. Lloyd., Cincinnati, O.

The September number of this meritorious work is fully up to the standard of excellence promised by the publishers. The drugs treated of in this issue are, *Coptis trifolia*, *Aquilegia canadensis*, *Selphinium*, *Aconitum*, and *Actæa*.

IRRITIS: Its Relation to the Rheumatic Diathesis and its Treatment. By Charles J. Lundy, M. D. Reprint from *The Physician and Surgeon*.

THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS. By N. Senn, M. D. Reprint from the *Journal of the American Medical Association*.

PURGATIVES IN PREGNANCY. Pamphlet. Presented by Rio Chemical Co., St. Louis, Mo.

IMPORTANT FACTS CONCERNING A VOCAL EDUCATION. By Warren Davenport, Boston, Mass. Pamphlet.

NEW YORK CANCER HOSPITAL. First Annual Report.

MISCELLANY.

CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.—The semi-annual meeting of this society was held at the United States Hotel in Hartford, on Tuesday Oct. 13th. The meeting was called to order at 10 o'clock A. M., by the President Mr. George Andrews, of New Haven. This society is in a flourishing condition, and numbers eighty-four members. Most of the papers read during the session were above the average.

DR. O. H. DAVIS, for seven years the able editor of the *Chicago Medical Times*, has been compelled by over work and the consequent need of rest, to announce his withdrawal from the editor-

ship of the periodical with which his name has become identified. Profs. A. L. Clark and H. S. Tucker will hereafter conduct the journal as associate editors. Dr. Davis hopes, after a season of rest and recuperation, to return to "the quill" long enough to complete the works on "Therapeutics" and "Practice of Medicine," which were commenced a year ago. While desiring to express our regrets at Dr. Davis' resignation, we extend a cordial welcome to the new management, and wish them the success that seems already assured.

FROM experiments tried by Dr. E. Klein, in concert with Dr. Blyth, it would seem that mercuric chloride is of as little value as a germicide as pure water. It has yet to be determined whether there is any substance really capable of permanently preventing the growth and multiplication of microbes, and still more of destroying their germs.

DEBILITY is what makes disease deadly; and whatever mitigates it, affords chance for its recovery. A girl in Rochester, N. Y., says the *Rochester Union*, had been given up to die from diphtheria. She begged a glass of lager beer. She was finally permitted to drink two bottles, and began to recover at once.

DR. HAWLEY'S VAGINAL SYRINGE.—This new syringe, the invention of Dr. J. A. Hawley, Canandaigua, N. Y., is not only novel in its construction, but possesses many advantages over the many other varieties that have been brought to the attention of the medical profession. It consists, as is partly shown in the accompanying cut, of a hard rubber specu-



lum, through which are conveyed two pipes, each pipe being furnished with a rubber bulb. By working these bulbs alternately, a continuous current of water is injected into the vagina, of any desired degree of force, and calculated to thoroughly cleanse the parts and remove from the vaginal canal all foreign substances no matter what their nature may be or how tenaciously they may ad-

here to its walls. It is easily operated, has no pistons to get out of order, and no valves to lose. It is always ready for use, and all medicated washes can be held for any length of time in contact with the neck of the womb or any diseased part of the vagina without waste. From the peculiar working of this instrument, it can be used satisfactory in all cases of acute inflammation of the womb when no other instrument can be endured by the patient, and it will never inject the womb. Having used this syringe in practice, we can testify as to its merits. The price to physicians is \$3.00. It will be forwarded upon receipt of price by the Eclectic Publishing Co., agents.

"How is this, Doctor, you charge me five francs a visit?" "It is less than I charge anybody else." "That may be so, but then you forget that it was I who introduced the smallpox into the neighborhood."—*L'Independance Belge*.

OUR FEVER THERMOMETER.—Our new clinical thermometer, which we are presenting free to subscribers to the MEDICAL ADVOCATE, has now been before the medical profession about a year, and has proved equal to any instrument on the market, not excepting the celebrated makes of this country and Europe. We have sent out between 4,000 and 5,000 of them, with only three failures reported thus far. We shall continue to offer it as a premium to new subscribers, and to old subscribers who renew their subscriptions before January next.

We have received numerous testimonials as to its excellence, and giving assurance of complete satisfaction; we append a few from well-known Eclectics.

Dr. James Anton, of Lebanon, Ohio, Treasurer of the National Eclectic Medical Association, under date Nov. 16th, 1885, writes us as follows: "I received the Advocate and Thermometer. I compared the thermometer carefully with one I got examined at the Winchester observatory of Yale College, and find it correct. I now use it, as it is reliable, easier read, and has a neater and safer case than my other one.

Dr. D. M. Mallory, Linden, Iowa: "I received the Thermometer and Advocate. I am very much pleased with both; they fill the bill to the letter."

R. H. Beale, Waterville, Mo.: "The Advocate and Thermometer arrived O. K. Consider I have come out a good thermometer ahead, the journal being richly worth the price. Am very much pleased with the instrument, as it is very correct and more durable than those I previously owned."

Dr. N. Anderson, Wilson, N. C.: "The journal and thermometer have both come to hand, and I take this opportunity to say that with them I am very much pleased. The thermometer I prefer to any I have ever used; it is thoroughly reliable."

Dr. Vernon Gould, Rochester, Ind.: "Thermometer duly received all right, and entirely satisfactory."

Dr. W. B. Fayen, New York: "When I renewed my subscription on Feb. 9th, I received the thermometer, which I am bound to acknowledge is an excellent instrument."

In his late researches, Wroblewski has been able to separate liquefied air into two distinct liquids, different in appearance and composition, one superimposed upon the other.

FOR RINGWORM of the scalp try ten grains of iodine dissolved in an ounce of turpentine; apply as a local remedy after the diseased part has been thoroughly washed.

CHINESE WOMEN are noticeable for the loose-fitting method of dress which they employ. A Chinese woman was heard to exclaim: "Christian woman squeezes God's life."

A HINT.—Agent, (who has called on young doctor for his rent): "Good morning, Doctor." Doctor: "Good morning. You're looking very ill; put out your tongue." Agent puts out his tongue; Doctor looks at it; gives him a prescription, and sends him home, not to leave the house for a week. Agent departs peacefully for bed, minus the rent.

CHOLERA AND FEAR.—A physician of Davenport, Ohio, writes that in 1832, before the cholera had actually arrived in the United States, his brother became sure he would fall a victim to the disease; and through the effects of intense fear,

he became sick with many of the symptoms of cholera, and died within twenty-four hours. The first victim of cholera in Utica, N. Y., in 1832 contracted it from very similar causes. He had closed up business in order to leave the city when it appeared.

THOSE OF OUR READERS who will address a postal card to B. Keith and Co., 75 William St. New York, requesting a copy of their revised and enlarged "Manuel" will receive one by mail free, if the *ADVOCATE* is mentioned.

DOES THE "CODE" PERMIT IT?—A correspondent in the *New England Medical Monthly* complains that prominent physicians in New York city have their names and addresses stamped on carpenters' and plumbers' circulars and scattered through the streets from house to house.

A very loquacious lady, calling one day to consult her physician, talked on and on with such volubility that the latter could not get in a word edgewise. Growing impatient he at length told her to put out her tongue, which she did. He then said:—"Now please keep it there till you have heard what I have to say to you."—*Schwarzwülder Bote*.

Not only may the amputated parts of certain low-organisms be re-grown, but the pieces removed may themselves become complete animals. Gruber, in Germany, has succeeded in dividing and re-dividing infusorio until sixteen perfect individuals were produced from the original subject.

SUBSCRIBE NOW!—Send in your subscription to the *ADVOCATE* at once, and secure the best clinical thermometer manufactured, or our excellent hypodermic syringe, free. See page 1 of advertisements.

A WOMAN is accused of attempting to poison her husband, who, however, received prompt medical assistance, and was able to be present at the trial. "What have you to say in your defence?" inquired the Judge, addressing the prisoner. "I am innocent! I insist on a post mortem."—*Gazette des Tribunaux*.

Victor Hugo's genius was close allied to madness. His best friends acknowledge eccentricities of character, and some of his admiring critics find extravagances in some of his writings which were the result of prolonged and continuous work. It is said that in his family there was a tendency to over-congestion of the brain. His father died of apoplexy, and he was himself a sickly child. One of his brothers died insane, and a son of congestion of the brain.

PLEASE READ AND ACT.—Let us suggest something a little novel. When writing to advertisers, mention the journal or journals that you like best. Mention those that you always read through from beginning to end and that you always preserve most carefully. This will be welcome information to advertisers, and it may result in some advantage to your favorite journal.—*Ex*

An advertisement extolling the virtues of a new make of Infant's Feeding Bottle, winds up as follows:—"When the baby has done drinking it must be unscrewed and laid in a cool place, say under a tap." Poor baby!

UNIVERSAL COLOR-BLINDNESS.—Colors blindness, as usually understood, is a blindness to red, to green, or to blue or violet; and about one male in every twenty-five appears to be unable to discriminate between the principal colors of the spectrum. In a stricter sense, all persons are color-blind, for, although Chevreul is said to have been able to distinguish 14,420 tones of color, it has been proven that the human eye is totally incapable of receiving all the vibrations of color which must exist in the spectrum.

—Some of your griefs you have cured,
And the sharpest you have survived;
But what torments of pain you endured
From evils that never arrived.—*Emerson*.

A SUIT was tried before Justice Ingraham in New York, on Wednesday, of much importance to physicians. Miss Angelina M. Brown sued Doctors A. S. & A. E. M. Purdy for causing her to be sent to a small-pox hospital, not having the disease, and laid her damages at \$10-

000. The usual number of "experts" were called to swear the defendants clear; but the plaintiff seems to have made out a plain case. Dr. Chapins at the hospital pronounced the case eczema, and then testified that it had been occasioned by acetic acid. Two of the physicians testified that vaccination will take in individuals who have had small-pox. This would seem to substantiate the inference that the liability to contract that disease exists whether the person has had it or not or has been infected by the vaccine poison.

AN absent-minded doctor was called in to see a child, two years old, suffering from convulsions. After a careful diagnosis he prescribed as follows:—"Nervous excitement. Avoid all violent emotions. Abstain from wine and spirits. Avoid excess at table and other indulgencies. Travel a good deal. Go frequently to the theatre. Beware of reading a certain class of novels."

AMERICAN OBSTETRICAL SOCIETY.—An association of medical practitioners was organized on October 28th, and incorporated under the laws of the State of New York as the American Obstetrical Society. It is the purpose of this society to engage in the study of the art and science of obstetrics in a systematic matter, with the hope of making its practice more exact and satisfactory. The society has already seventy-nine members, located in twenty-one States. The following are the officers: *Pres.*, George W. Winterburn, M. D.; *Vice-Presidents*, Henry Minton, M. D. Sheldon Leavitt, M. D., W. Wesselhoft, M. D.; *Secretary*, E. Hasbrouck, M. D.; *Treasurer*, Clarence M. Conant, M. D. A cordial invitation is extended to any interested in the objects of the Society to communicate with the Secretary, E. Hasbrouck, M. D., 253 Thirteenth Street, Brooklyn, N. Y.

AIR FOOD OF PLANTS.—The experiments of Prof. W. O. Atwater have shown that, contrary to the general opinion of chemists, plants assimilate nitrogen from the air. While they take up the greater quantity when abundantly supplied from the soil, fully one-half the total nitrogen acquired by well fed plants is drawn from the atmosphere.

COPIES OF THE MEDICAL ADVOCATE can be furnished in any quantity at the rate of \$2.00 per dozen.

THOUGH at the time of Dr. Tanner's forty-two-day fast old-school physicians assumed not to be interested or to believe it was fairly done, it evidently did create an impression and new views among them concerning the physiology of fasting. Dr. Yandell, of Louisville, acknowledges that since that fast he has been much less disposed than before to force food upon patients against their wishes, and states his own experiences with fasting when suffering from rheumatism and typhoid fever as a sort of protest against the prevailing tendency to over-feed in fevers. The fashion of starving fevers has been followed by the reverse style of much-feeding, with some danger that the idea may be carried too far.

AN UNFAIR ADVANTAGE.—Doctor: "Well, how are we to-day?" Patient: "Oh! I've had a miserable day, doctor." "But your wife says you haven't groaned at all to-day, while yesterday"—"Good reason. Thought there wasn't anybody around. That woman is always taking an unfair advantage of me."

NOTICE TO SUBSCRIBERS.—Owing to our large and rapidly increasing subscription-list, we are obliged to stop sending the ADVOCATE as soon as subscription expires. Subscriber's will receive due notice of date of expiration of subscription. Those who now send in their subscription for 1886 will receive the benefit of our offer of premiums. See page 1. of advertisements.

THE ADVOCATE FOR DECEMBER FREE.—All new subscriptions for 1886 sent in before December 15th will include the issue of that month.

TO MEMBERS OF THE N. Y. STATE ECLECTIC MEDICAL SOCIETY.—The minutes of the twenty-fifth annual meeting of your State society were published in full in the October issue of the MEDICAL ADVOCATE. Members who desire to have a full record of the transactions (which will only be published in the ADVOCATE) should subscribe at once, as we have only a few copies of the Oct., number on hand.

The Medical Advocate.

VOL. VII., OLD SERIES, {
VOL. II., NEW SERIES. }

NEW YORK, DECEMBER, 1885.

No. 12.

An Address Delivered Before the Central Eclectic Medical Association of Pennsylvania, at Altoona, June, 1885.

BY

G. E. POTTER, M. D.

JOHNSTOWN, PA.

Fellow Members of the Central Eclectic Medical Association :

Scarce nine years have passed since this Society began its existence, and I am proud to say of it, that it holds a rank deservedly high as an exponent of Eclectic Medicine in this region of our State. We all have good reason to be thankful for what it has been, and for what it has done.

This Association was organized at Johnstown, on the 22d of June, 1876. H. B. Piper, M. D., having been called to the Chair, the preliminary business was promptly transacted; a Constitution and By-Laws adopted and subscribed as follows: H. B. Piper, L. T. Beam, A. Yeagley, J. C. Beam, S. J. Conrad, B. L. Yeagley, D. A. Arter, C. M. Ewing, and G. E. Conrad. The first Board of Officers was then elected as follows: *President*, H. B. Piper; *Vice-President*, A. Yeagley; *Secretary*, L. T. Beam; *Treasurer*, J. C. Beam.

Meetings have been held semi-annually, and have been generally well attended. The principles upon which this organization is based are these: The rational treatment of the sick, safe and pleasant medication, and the maintenance of a liberal sentiment toward all honorable physicians whether Eclectic or otherwise.

The Central Association may safely be set down as in a healthy and prosperous condition. To be sure, the membership does not increase rapidly, but we have maintained a high professional and moral standard. The aim has been in this direction, as a large membership with a low tone of sentiment or ability, so far from being prosperity, would be a serious misfortune. We have also an harmonious organization; we meet and

part with the utmost good feeling. It has been a notion with many, that the gatherings of medical men are chiefly valuable because of the social feeling which they cultivate; but that in a scientific way they are seldom of much account. In our meetings, this allegation has never been true. We are not here to chat, talk, drink wine, and have what is considered a good time generally. The motive that brings us together, is the quest of professional knowledge. Interesting papers are eagerly sought for, presented and discussed; and many of them not only excel in regard to the purpose for which they were prepared, but compare favorably in literary and scientific merit with those emanating from more pretentious sources.

This course ought to be adopted more generally by our professional brethren. The strength of our cause is vitally related to the thoroughness and efficiency of local organizations. Where there are not societies and this active co-operation, there is weakness. Where such is the case, it is hard for physicians to show proper credentials. Indeed, it would be well if we should in all our sister societies adopt a law like that of the Eastern Eclectic Medical Society of this State (Auxiliary No. 4):

"Resolved, That we recognize no practitioner as an Eclectic who is not a member in good standing of some acknowledged Eclectic Medical Society."

Some line of demarkation is required in order to distinguish the true from the false. Many have arrogated to themselves the title of *Eclectic*, knowing that they have no moral right to do so. The "regulars," as they name themselves, are assiduous in their efforts to associate our designation with "bogus diplomas," yet know all the while that they are guilty therein of falsehood and misrepresentation for dishonorable purpose. They sedulously describe all outside of their own ranks as quacks and imposters, and strive without intermission to educate the people up to the belief.

Must we tamely consent to bear this

calumny? No! a thousand times, no! We have rights and should maintain them. A right not asserted, a wrong quietly acquiesced in, are virtually the law of the case. We should be ready at all times to cross swords with the "regulars," to abide any fair testing, but never to yield a right.

One way to assert ourselves is to have our own literature, and have no dependence upon old-school authors. Our physicians, and teachers in medical colleges, are too ready to use and recommend the works of men who are our foes; while Eclectic books are held at smaller estimate. Even our medical journals too often fill their pages from old-school publications, and turn the cold shoulder to the writings of their own Eclectic brethren. It seems as if to contribute a paper to one periodical, was regarded as a belligerent act toward the others. Jealousy, and especially such jealousy, is a morbid condition in which no reasonable or proper disposed person would indulge.

We have already an excellent literature, such as it is: and in the field which it occupies, it has not been excelled. Eminent physicians of the other schools of practice know this, and prize the books. We ought to go further, and extend our labors over the entire field. Our teachers and our colleges fall short of their work, till Eclectics have text books, on all branches of medical knowledge, by Eclectic authors.

It is now over half a century since a few men combined their efforts and planted the school of Reformed Medicine in America. Compared to our present growth, with so many books, journals, colleges, and organized societies, their movement was as the acorn to the oak. Yet there are some who are timorous and easily discouraged, who insist that we are dying out, and likely to disappear in a few years. They look upon the present endeavor of the adversary with dismay, as though some new evil had arisen, and so anticipate calamity. Yet the difficulties that beset the earlier days, were infinitely greater than these which menace us now. The legislation of every State almost, was so framed as to make the Reformed Practice an outlaw and criminal. Our Fathers worked through it all when but a few hundreds strong, and without prestige, wealth, or an abun-

dant literature. Now we have our thousands of practitioners, our societies, colleges, books, and periodicals. The legislation that is now attempted against us has to be bought through Legislatures, and stolen through when nobody is watching. And when it is enacted, the Courts and people consider it outrageous and a violation of constitutional rights. In several States, the statutes have been abrogated in this way, as opposed to American democracy. Besides, there is a sentiment in the ranks of the old school itself against them. In New York and Pennsylvania, the legislation operates solely to create a local college monopoly of the most arbitrary State-Rights character, which it is very probable would fall before the Supreme Court of the United States if a case should be carried there.

No! Free Medicine will not die out. It is based upon republican liberty, the immoveable truth, and the right of every man to free thought and action that does not wrong his fellow-man. This country has gone too far in the direction of scientific and democratic progress to take the long step backward which the American Medical Association and its minions demand, toward absolute despotism.

But the condition of our existence is that we excel, and that we continue to advance. No Eclectic may be stationary. Only the men can afford this who be-leaguer Halls of Legislation to procure barbarous statutes and the creation of useless offices for their coterie to fill. Real physicians have other business. Old lamps with little oil, are characteristic of the Old Code and its supporters.

In our field there is plenty of room. We have no reason at our college commencements to begin addresses deprecating the graduation of so many doctors. Nor do our graduates go from the colleges to pick up odd business around railroad and newspaper offices because they have entered a profession that is overcrowded. The Eclectic field is not overcrowded. A larger percentage of Eclectic graduates go into paying business than of those from other medical colleges. There are two reasons for this: Eclectics are wanted as others are not; and the Eclectic Colleges teach the *practice* of medicine with a view to its successful application.

Hence, we do not die out. Instead,

we are obtaining recognition from our rulers. The present National Administration, to its everlasting honor, gives Eclectics and Homeopathists that official recognition which is the just meed of citizens in a laudable calling. Twice have bills been proposed in the Senate at Washington—once by a Pennsylvanian and once by a Georgian—to prohibit all discrimination in medical appointments in favor of a particular school of medicine.

The Eclectics must do what the other school has utterly failed to do: They must establish the fact that there is a science in medicine. To do this, we should increase our attention to therapeutics, and pay stricter attention to the quality of medicines that we employ. The popularity of our practice has been won in this field, and we have no occasion under whatever pretext to turn back after the discarded drugs and beggarly notions of Allopathy. We have the field before us, to advance our profession, to increase discovery, and to acquire and maintain supremacy. We should begin by union in our own ranks. Those who cultivate strife and division should be admonished, and, if necessary, disowned. A more perfect and general organization should be effected. The purpose should be carried out all through the lines, from farthest Maine to remotest California. When once united thus, and in earnest to act in concert for our cause, we shall secure our rights as citizens, and, what is more, begin to place Eclectic Medicine at the front, as a new therapeutics, a safe practice, and the genuine Art of Healing

Foreign Reproduction of American Discoveries.

BY

JOSEPH RODES BUCHANAN, M. D.,
BOSTON, MASS.

At the late meeting of the French Association for the Advancement of Science, held at Grenoble, France, Drs. Bourru and Burot presented a paper on the action of medicines which attracted much attention and created much surprise. From the accounts published in French medical journals, it appears that the experiments of Bourru and Burot illustrate the power of medicines to affect the constitutions of sensitives

without absorption and without contact.

The experiments reported by MM. Bourru and Burot were submitted to the critical investigation of Dr. Duprony, Director of the School of Naval Medical Officers at Rochefort, where the experiments were made, who undertook a strict investigation, aided by the Professors of the Naval School and naval medical officers. The experiments were repeated with every precaution, and when the paper above mentioned was read before the French Association, Dr. Duprony endorsed the statements and referred to his own experiments, which had been very startling to him, and which he could not explain, though he knew that no assumption of fraud was in the least admissible.

The subjects of the experiments which were performed in the hospital at Rochefort in 1885, were a young man of twenty-two years, and a woman of twenty-six—both of a hysteric or nervous organization. The medicines used were held a few inches behind the patient's head—the liquids contained in a bottle, and the solid substances wrapped in a paper—the patients knowing nothing of the nature of the experiments. The phenomena as summarized by Dr. Myers, were as follows:

"The narcotics all produced sleep, but each had its characteristic features: Opium produced a heavy sleep, from which it was difficult to rouse them, and which left some headache and weariness; chloral produced a lighter sleep; morphia a sleep like that of opium, which could be made less deep by the use of atropine; narceine a sleep of a peculiar type, accompanied by salivation, and ending in a sudden waking to a state of anxiety and distress. The sleep of codeia, thebaine, and narcotine was accompanied by a more or less convulsive movement. In the same way, the effect of each of the emetics was characteristic: Apomorphia produced profuse sickness without straining, followed by headache and drowsiness; ipecacuanha led to less sickness but much salivation, and a peculiar taste in the mouth; tartar emetic much nausea and great depression.

"So, too, with the alcohols: Wine was followed by jovial intoxication; amylic alcohol by intoxication with great violence; aldehyde by rapid and

complete prostration, as of dead drunkenness; absinthe by paralysis of the limbs. Orange flower water and camphor had a quieting action, producing natural sleep. The effects of laural water were unexpected and its action in consequence was often tested, but found to be always constant in each patient. In the man, it produced convulsive movements of the thorax, spasmodic breathing, salivation, and hiccough. In the woman, who was a Jewess, there was first a religious ecstasy, in which she acted a drama of adoration, prayer, and repentance, which was followed by spasmodic breathing; this was considered to constitute a physiological analysis of the effects of laural water.

"Valerian produced some *bizarre* phenomena of excitement, as it does in cats; cantharides a feeling of burning in mucous surfaces, which was stopped by camphor; veratria the symptoms of a cold in the head, of a congestion of the back of the nose, and disturbances of sight; jaborandi and pilocarpine made the patients sweat, and salivated them. The anæsthetics were followed first by excitement, and afterward by sleep, as in their ordinary surgical use."

In the verification of these experiments by Dr. Duprony, an incident occurred, serving to show that the thoughts of the experimenters had nothing to do with the production of the effects. The professors were present when a gentleman who had two similar bottles in his pocket, wrapped in papers, containing one valerian and the other cantharides, held up the bottle to the patient which he thought contained the cantharides. To his surprise, the effects which belong to valerian were produced, and then he found that he had made a mistake, and was holding up the bottle of valerian.

Drs. Burreu and Burot tried a number of other patients, in many of whom they found similar though less marked results. They are carrying on their experiments, and we shall in time have a full exposition from them. They are with their *confreres* quite puzzled over these facts, and rather inclined to believe in a radiant nerve force, forming a communication between the patient and the medicine. They are just beginning to learn the trans-corporeal powers of the nervous system.

There is nothing in these French experiments, and in the *metallo-therapie* which has made a sensation in Paris, but what has been understood, repeated a thousand times, and publicly taught in this country, both in medical colleges and in popular lectures, during the past forty years, except in the particular method of holding the medicines behind the head of the subject, which I have not adopted *in public*, because it would merely have intensified that marvelousness which excites opposition.

In my recently published "*Manual of Psychometry*," the history of my investigations is given, showing that in 1841, after having discovered the seat of sensibility in the human brain, which I ascertained by extensive observations between 1837 and 1840, beyond all doubt, and which has been more recently verified by the very remarkable experiments of Prof. Ferrier. I instituted experiments upon the power of human sensibility in feeling impressions from substances in contact or proximity.

These experiments established the proposition, that in the Southern part of the United States a very large majority of the population (and in some places all) are capable of feeling the medical influence of any substance held in the hands, or in contact with the person, although it may be contained in a bottle (if a liquid) or well wrapped and concealed in paper.

In large medical classes of 150 or more in number, I have found a majority to be thus impressible in various degrees, many being able in five or ten minutes to give as accurate a description of the effects of a medicine as if they had taken a large dose in the ordinary way.

In five medical colleges in which I have been engaged since 1845, I have made these things familiar by instruction and by experiments, and have often published them in the *Journal of Man*, "*System of Anthropology*," "*Therapeutic Sarcognomy*," "*Manual of Psychometry*," and liberal medical journals. Nevertheless, I presume the French experimenters were totally unacquainted with such facts, for they are generally unknown in the majority of the medical schools of this country. This is due to the lamentable fact that the divisions produced by party spirit in the medical

profession are as wide, and the sectarianism as intense as that which separates the numerous sects of the Christian Church; in consequence of which, knowledge developed in a minority party is looked upon as a hostile element, and systematically ignored.

Belonging myself to a minority party in the profession, which cannot claim over ten thousand members, I was assured by my quondam friend, the late Prof. S. D. Gross of Philadelphia, that it would be impossible for any of my discoveries to be looked at by the American Medical Association, as their *code* was in the way; and I have ever regarded it as equally useless to offer any statement of such discoveries to medical journals attached to that party. Perhaps I may have done unintentional injustice to some of their conductors in acting on this opinion, but I have never been disposed to offer my services where they were not desired. Nor shall I detail my experiments at present, as I have not been invited by the editor of the *Popular Science Monthly* to do so, for I might perchance mention some facts a little more marvelous than those reported to the French Society for the Advancement of Science, and by them honorably received. But in this country, the unanimity of the French Society is not known in high quarters, and the announcement of a marvelous fact or discovery is the most dangerous experiment that an American scientist can make.

[The above is the paper which was offered a few days since to the *Popular Science Monthly* and promptly refused, without giving a reason, as no reason could be given which would look well on paper. The stolid hostility to liberal scientific investigation which characterizes allopathic medical journals, extends to the *Popular Science Monthly*, as it is controlled now not by Prof. E. L. Youmans, but by Dr. W. J. Youmans, who belongs to the party which has ever been the most stubborn and intolerant foe of progress—the party whose bigotry so far surpasses European intolerance as to have disgusted the profession abroad and thus defeated the proposed International Medical Congress at Washington.

The refusal of medical societies, medical journals, and medical colleges of the

dominant party to examine the simple and demonstrable facts of human impressibility by medicines, shows as forcibly as anything can the necessity of medical reform and more honorable principles in the profession. J. R. B.

Diphtheria.

BY

JOHN P. NOLAN, M. D.,

NEW YORK.

It is not my intention to go into a long dissertation on the nature and pathology of this disease, but to speak of it as we find it established in the sick-room. Frequently when we are called to see a child supposed to be suffering from some throat-affection, the first thing that attracts us is the peculiar redness of the skin. It is different from the scarlatinous eruption, not being of quite so deep a hue or so extensive. It is not seen in every case, but I think the worst types have it the least, and we must be on our guard that we do not mistake the case for true scarlatina. Our next point of attention is to examine the throat. How easy said; and yet how difficult, in most cases, such an operation is, any physician having much to do with children can testify. I always use a tablespoon; it is generally handy, and, in my opinion, superior to the tongue depressor. Let it not be supposed that the pharynx can be seen by simply pressing the handle downward on the jaw after insertion, for in five cases out of six the child resists, and without you dislocate the maxillary you can see nothing. My plan, for which I claim originality, is simple. The spoon-handle is introduced gently, and quickly pushed far back toward the root of the tongue, sufficiently to provoke the act of emesis. Then the jaws relax and open, for now the child cannot resist, and at this moment is the time to see the throat, which generally presents the characteristic exudation upon one or both tonsils; or the pharynx may have been already invaded. After a view of the throat I consider the thermometer the best indicator of the prognosis in true diphtheria; for in ordinary ulcerated sore throat, after the initial fever, there is scarcely any abnormal temperature. So, then, in diphtheria, we may expect

to find a temperature of 102 to 104 degrees for several days. I have seen it as high as 106½ for some days, and yet recovery take place. Still, a high fever should warn us of the danger of the case, particularly in the latter stage, as it is evidence of septicæmia.

In regard to treatment, I have no doubt but that my views will meet with some criticism, for the reason that I abandon local treatment entirely. Firstly, because, considering the great difficulty in opening the child's mouth, it is nearly always imperfectly performed. Who has not seen how the swab and antiseptic lotion provided by the physician in these cases is applied by the family? In nearly all the cases I know of they have generally succeeded in getting some of it on the lips and a little on the tongue, but no further. Secondly, even if they did reach, after a manner, the diseased portion, is there any evidence, that its whole area has been freely disinfected, cauterized, astringed, or whatever effect is desired? I think not; and if any portion has not received its share of the medication, its specific and infectious nature will assert itself, and the ulcerative process will go on as if nothing had been done. I rely, then, entirely upon the internal treatment, which can be made both antiseptic, tonic, and astringent. Beginning, then, with the chlorate of potassa, which, although an old remedy, I believe the medicine most to be relied upon. Salicylic acid has been the rage, and still has many adherents, but its tendency to disturb the stomach I have found to be its chief objection. The combination of the chlorate with the tincture of chloride of iron and veratrum viride is as near to a specific in the disease as we have yet arrived. I prefer the veratrum to aconite, for the latter is rather less suitable for this exhausting disease, and will not reduce the fever without pushing it to a dangerous dose. I generally use from the start the following, and with it there is no necessity for local treatment:

Rx.—Kali Chloratis.

Tinct. Ferri Chloratis, - aa 3 j.
Tinct. Veratri Viridis, gttss. xvi—
gttss. xxxii.

Aquæ Dest.,

Syrupi Lemonis, - - - aa 3 j.

M. Sig.—One teaspoonful every three hours.

This dose is suitable for a child from two to six years. The medicine must always be given with the injunction that nothing be taken in the mouth afterwards for at least half an hour, so that the full effects of the medicine shall be felt by the throat, which it will by the act of swallowing far more than by any mode of swabbing; while the latter, to say the least, is both imperfect and injurious from the fright and excitement it causes the child. This treatment should be continued while there is the least exudation, substituting for the veratrum, after the fifth or sixth day, the tincture of nux vomica. This drug I can speak well of. It is the stimulant that is now required, for there are few diseases where the nerve-force is so soon exhausted as the one under consideration.

I would say that in cases where the temperature is inclined to be high, and it is so in the majority, the sulphate of quinia will be indicated. Now a word about its administration. It will not do to trifle with doses of two or three grains, for we have it on the best authority that small doses do not reduce fever. Then let five or ten grains be given at once, or night and morning, and a prompt reduction is generally the result. This is the safest treatment, and particularly so in the second week, when there are dangers from septicæmia.

The diet now claims our attention; and here I believe a great mistake is made in advising animal food, beef-tea, soups, and the like. There is an idea among the people that such diet is necessary in all diseases; and the doctors have been encouraging them in it for years. But who that has seen the dry tongue and cracked lips in diphtheria and knows anything about the office of the stomach, can consistently administer animal diet in these conditions? I claim that they do positive injury, for they are not digested, but remain there and ferment; and will often cause a rise of the temperature—sometimes to an extent that is alarming.

My plan of dieting is to give that which is most nourishing and stimulating, and adapted to the malady. Two things particularly accomplish this—milk and whisky. The idea has been

advanced that alcohol is the antidote of diphtheria, and I believe it; in no disease can you get a better result from its use than in this. It agrees with the enfeebled stomach, sustains the heart, rouses the prostrate nerves and gives them new life, and is suitable in all shapes of the disorder. In regard to the quantity, I generally prescribe, according to age, one or two tablespoonfuls of rye whisky (not brandy, it is too heating) and the same of lime-water, to a goblet of cold milk, and let your patient drink of it frequently.

In conclusion, I will only ask that those practitioners who have read my views will give the treatment a trial, and I am confident they will have good success with it; and if it will even save one little patient, this essay will not be written in vain.

The Scientific Unity of Medicine; or, Homœopathy and Allopathy Reconciled.*

BY

C. A. F. LINDORME, PH. D., M. D.,

SILVER LAKE, FLA.

(Continued from page 416)

The Homœopathists claim that the practice of making warm applications to burns and scalds, instead of cold ones, which was recommended first by Hahnemann in his smaller writings, is according to the maxim *similia similibus curentur*. But this shows how weak the ground is on which they stand. The so-called "cold" water used by the Allopaths for burns or scalds is of, say 45° to 50° or even more. And the so-called "warm" water used by the Homœopathists is of 90°, 85°, or even less. Now, then, is that a scientific medical way of establishing a theory? Or is it not a rather popular kind of language when water of 50° is called cold, and water of 90° is called warm?

There has been, on the whole, much unnecessary dispute about the "cold water" treatment. In most cases where water cured, its temperature was not the principal point. In many cases, no doubt, water serves our purpose only as a thermal vehicle, and it is of the utmost importance to find out the correct temperature which every case re-

quires. There are even merely individual indications. Some persons claim that they are always more benefitted by warm than by cold applications,* no matter what their disease, while the condition of others, again, is aggravated by making use of water of a temperature approaching blood-warmth. But irrespective of the thermal condition, there is a curative quality in water on account of which we must set it down as the most powerful remedy which is to be found in nature, and to which most of the wonderful cures were due which enthusiastic hydropathy attributed exclusively to low temperature. The causation is easily apprehended. But we must not look at water in the popular way, which is apt to depreciate a substance of easy access. At any rate, it is the most important physiological substance, as 75 per cent. of the muscular tissue of the animal frame is composed of it; and of the twenty pounds of blood which an average-sized adult contains in his body, about 15½ pounds are water. It is computed, "that not less than 30 pounds of fluid ebb and flow daily from the blood and alimentary canal by secretion and absorption.† Bidder, indeed, estimates that about 28.6 lbs. of chyle and lymph are carried daily by the thoracic duct alone into the circulation—a quantity of fluid that amounts to nearly one-fifth of the entire weight of the adult human body; and then with regard to the excretions, we find that rather more than a pound of water is exhaled daily by the breath, about a pound and three-quarters by the skin, and not less than two pounds and three-quarters by the kidneys, making altogether about five pounds and a half per adult daily. These results indicate the importance of water in the functions of the animal body. It serves, indeed, to dissolve the food and carry it into the circulation; to effect the distri-

* The terms "cold" and "warm" taken in the sense given to them by the patients.

†	lbs.	Solid Matter. grs.	Active Principles. grs.
Saliva.....	3.54	281	107 of ptyalin.
Gastric Juice	14.11	2690	816 of pepsin.
Pancreatic Fluid..	8.89	6172	778 of pancreatin.
Bile.....	3.54	1283	1073 of organic ferment.
Intestin. Mucus...	0.47	46	28 of organic ferment.
Total.....	30.48	10,372	2297 } of special solvents.

bution of it throughout the system; to dissolve effete matters, as the metamorphosed constituents of outworn tissues, and so convey them out of the body; to establish the chemical activity which is necessary for nutrition and decay; to combine mechanically with the tissues and lubricate them, so that they may perform their functions easily; and, lastly, to evaporate by the air-passages and skin, and thus maintain the proper temperature of the body."* From the very beginning of mental pursuits, therefore, all attempts to establish a systematic apprehension of the composition of matter, as by magic attraction, always led to the consideration of water being the centre of all creative activity. "And the spirit of God moved upon the face of the waters." In the ancient times of Greece, when superficial impressions held the place of methodical investigations, water, indeed, was not thought of as the most powerful combining agent. Then, the fire which Prometheus brought down from heaven was a boon of too dazzling an aspect, not to fascinate the youthful phantasy of those childlike times. But even the ancient Greeks, by their theory of atomicy, veered round to the Archimedian point, from which, when reached in later years, all phantasmagorical ideas of nature were tumbled over, and which up to this very day, constitutes the foundation of the power of chemistry, the scientific method, and this led of itself, finally, to water as the most important constituent of all chemical compounds; for water is so thoroughly at the bottom of all things, that it is the product of fire itself. It is only by ignition that the separate existence of hydrogen and oxygen, the two constituents of water, is transformed into the molecular unity of H_2O .

At first, after the discovery of oxygen by Priestley (1774), and the sagacious experiments of Lavoisier preceding it (1772), the air, as the great reservoir of oxygen, had the credit of it, but the chemical researches of Dalton pointed in another direction; this chemical genius, by setting forth hydrogen as the unit of all chemical combination, and vindicating its property of imparting by its presence or absence to every compound

its peculiar systematic character, laid the foundation stone of the typical theory which the eminent chemists, Davy, Dumas, Gerhardt, and others more fully established and developed. And I believe there is a lesson given in this change of systematic chemistry, to which therapeutics ought to attach a greater importance than thus far it has done. It is a never-failing law of chemical affinity that the higher upon the scale of the composition of matter, the more abundantly are found hydrogen and oxygen; the dominating the character of an organized part of nature, the more exclusively it is composed of these two constituents of common water. There are 63 single radicals or elements of chemical compounds. But only "four substances make up the main bulk of organized bodies, throughout the entire vegetable and animal kingdoms, viz. carbon, nitrogen, oxygen, and hydrogen;"* and, to judge from this relation, it seems as though nature created the metals and metalloids for no other purpose than to serve as a frame-work for the action of the volatile vital substances, about in the same way as, according to Winckelmann, the great art critic, there was not given more matter to the Apollo (of Belvedere) by its sculptor than was necessary to express the mental character embodied in the artistic conception. The osseous part of the body contains only about 25 per cent. of water; all the rest is earthy matter. In the muscles, the proportion is about the reverse; 25.5 per cent. of solid matter, to 74.5 per cent. of water. In the blood, the proportion is 20.3 per cent. of solid matter, to 79.7 per cent. of water. In the gray substance of the brain (the substance that is instrumental and indispensable to our intellectual being), the proportion is 14.8 per cent. of solids, to 85.2 per cent. of water;† and a similar climax obtains as to the chemical composition of wholesome and noxious substances: All and every matter is the less wholesome to the

*Youman's Chemistry.

†The mentally less important white matter contains in proportion less water.

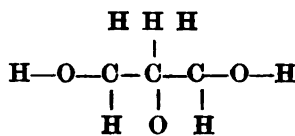
	Gray.	White
Water.....	85.2	78.0
Albuminous matter.....	7.5	9.9
Colorless fat.....	1.0	13.9
Red fat.....	8.7	0.9
Osmazome and lactates.....	1.4	1.0
Phosphates.....	1.3	1.3
	100.0	100.0

*Letheby, on Food, p. 61-62.

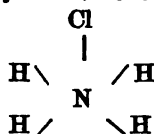
human organism, the less molecules H_2O it contains in proportion to the other constituents.

K C N	Potassium cyanide
C N H	Hydrocyanic acid.
$C^{10} H^{14} N^{21}$	Nicotine
C H Cl^3	Chloroform.
$C^{17} H^{19} NO^3 + H^2O$	Morphine.
$C^8 H^4 N^4 O^3$	Uric acid.
$C^6 H^6$	Benzol.
$C^{10} H^8$	Naphtalene.
$C^2 Cl^3 OH$	Choloral.
$C^6 H^6 O$	Phenol.
N H^3	Ammonia.
C H^4	Marsh gas.
$C^2 H^6 O$	Ether.
$C^2 H^4 O$	Aldehyde.
$C^2 H^4 O$	Wood spirit.
$H^2 SO^3$	Sulphurous acid
$C^2 H^6 O$	Alcohol.
$C^4 H^{10}$	Kerosene.
$C^{10} H^{16}$	Turpentine.
$C^{10} H^{16} O$	Camphor.
$C^2 H^4 O^3$	Acetic acid.
$C^7 H^6 O^3$	Salicylic acid.
$C^2 H^2 O^4$	Oxalic acid.
$C^3 H^3 O^3$	Glycerine.
$C^4 H^6 O^6$	Tartaric acid.
$C^4 H^3 O^2$	Butyric acid.
$C^3 H^6 O^3$	Lactic acid.
$O^6 H^3 O^7$	Citric acid.
$C^8 H^{10} O^5$	Starch.
$C^{12} H^{22} O^{11}$	Cane sugar.
$H^2 O$	Water.

There is another circumstance from which we may draw therapeutically important conclusions. In all chemical compositions of which hydrogen and oxygen form a constituent part, they serve the purpose of giving to the molecular structure its finish, as will be seen by the following instances:



Glycerine, C_3O, H_8 ,



Ammonium Chloride, NH_4Cl

It follows from these facts that whenever and wherever there is an attainment of health, it cannot fail to be an attainment of those constituents of the molecular structure, to which any disorder has the readiest access, viz. hydrogen and oxygen; and the more fundamental is the

perversion of the fluids of the body, which are subservient to the breaking down and building up of tissue, the more thoroughly will be affected those constituents, without whose derangement an access to the more substantial components is impossible. Thus there is no state of health, nor of sickness either, to be thought of, in which the use of water, internally and externally, may be disregarded; whatever other remedial agency may be brought into play, water must give to the whole treatment its finish in the same way as hydrogen and oxygen give it to the single molecule. The drinking of water should not be neglected; indeed, it is not only the main constituent of blood, but seasons it; salt or sugar introduced into the blood, gives to the blood corpuscles a stellate appearance; consecutively to their denser condition, water softens them and renders them fit to permeate the membranes of the capillary vessels, for the sake of the nutrition of the body. But it serves the same purpose, also, in an indirect way: by diluting the blood, it renders its oxygenation easier and more perfect. It is, therefore, a complete misinterpretation of the great chemist, Liebig, who called alcohol a calorific agent, if the belief is entertained that it needs, in a person deficient in temperature, only a good full dose of brandy to supply the body-heat necessary to his health and requisite for his comfort. Alcohol is a fuel, but no ready heat; and, if we choose to compare the human body with a stove, alcoholic drinks stand for the coal, but not for the flame. Alcohol is apt to produce heat, but it will do so as little as coal before being kindled, and this kindling, in either case, is impossible without oxygen. This is the agent, therefore, which we may, in carrying through the simile with the stove, compare with the flame: The flame oxygen burns the fuel alcohol, and thereby is produced the fire bodily heat. Consequently, alcohol is, therapeutically speaking, a calorific agent only when it is given in so small a quantity that the respiratory power of the lungs is sufficient to do the burning of it. By giving too much alcohol, you never overheat, but simply choke a person, exactly as you would quench a fire by throwing on too much coal. Look at persons full of alcohol—how they puff

along in order to work into their lungs the oxygen they want for the cremation of what so inconsiderately is believed to be ready heat, because Liebig called it a calorific agent. Nearly all the oxygen that enters their lungs, is expended on the transformation of the alcohol into carbonic acid and water, and by far too little is left for the oxydation of the carbon in the tissues, so that here an overcharge is left which keeps up the choking sensation. Again, look at persons who satisfy their thirst by drinking water. How calmly they walk, how gratified their organs are, how easily they respire. They do not lack, at the same time, the fire bodily warmth; but it burns lustily with a bright, clear flame, not working its way painfully through an overcharge of fuel, the gases of which partly escape unburnt in a blackening, nauseous smoke. I think we may set it down as a therapeutical axiom, that water is by far a more important curative agent because of its chemical quality than on account of its physical condition, especially as the latter, to a great extent, if not entirely, depends on the form. Some future day will reveal the perfect identity of both chemical quality and physical condition. I have been more successful with hydrotherapeutics since I have considered water not only as a vehicle of thermal influence, but also as the bearer of the two most important elements of the vegetable and animal kingdom, hydrogen and oxygen. As far as my experience goes, water dressing as such in a number of cases is beneficial, and whether it has to be of a higher or lower temperature, is a secondary, although, of course, very important point, the decision about which must depend on the general diagnosis and its individual modifications; and here I believe we may lay it down as a rule, whether water treatment comes in at all with a person, is a question of physiological, and the matter of high or low temperature a question of pathological, peculiarity.

According to the idea of some, it is only by their extravagancies that Homœopathy and Allopathy can be distinguished, and that there is good common-sense in either as soon as they are divested of their transgressing eccentricities. Jacob Bigelow, the learned pro-

fessor of materia medica in Harvard university, in his report on Homœopathy, to the counsellors of the Massachusetts Medical Society, in February 1854, very judiciously, and with a true sense of justice, said: "But it is not only to expectant medicine in the form of its counterfeit, homœopathy, that the censure of prejudice and credulity is to be attached. The opposite system of active practice, carried to the extreme usually called heroic, is alike chargeable with evil to the patients, whenever it becomes the absorbing and exclusive course of the practitioner. Physicians are too often led to exaggerate the usefulness of the doctrines in which they have been educated, and especially of those by the exercise of which they obtain their daily bread. In such cases, habit gets the ascendancy over enlightened judgment, and the man of routine, or of narrow views, asks himself, from day to day, what drug or what appliance he shall next resort to, instead of asking the more important question, whether any drug or any appliance is called for, or is properly admissible in the case." Similarly, the Homœopathic Medical Society of the county of New York enunciated in its turn, by a resolution passed several years since, which, although rescinded afterward by the Society, was endorsed in writing by a large number of the members of the Society. The resolution, according to the *New York Medical Times*, August, 1882, which copied from the original, is as follows: *Resolved*, that in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle *similia similibus curantur* to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and from making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote

the welfare of those under his professional care." And as to this latter point, there is another resolution which was passed at the last meeting of the American Institute of Homœopathy, and which allows still less of a doubt that the homœopaths listen to reason and are open to rational propositions of reform: "Resolved, that it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion and unrestricted liberty of professional action, as provided for in the code of ethics of this Institute."

If we may judge by these enunciations, there is prevailing a practical readiness between the two schools to come to an understanding on a reasonable median line of the diverging outer borders; and this median line, I feel confident, is pointed out in this work.

(To be Continued.)

"Sum Criticisms" on the November Issue of the Advocate.

BY A

KRITTLE KRAQUE,

UNITED STATES.

Mr. Advocate Man:

In spongin' round, I sumtimes cum onto your journall. Sumtimes I get sum good idees out of it, and sumtimes I get sum amoozment; but as amoozment and disgust iz only the oppersite ends uv the stick, it ain't always easy to keep on the rite side uv the middle. This is the cais with all the journalls I get a chance to freeze onto. I have stood this about az long az I can; and, if I had been a pade up subscriber, I'd hev found fault sooner; but I find I hev got to draw the dividin' line sum whair. The trooth iz, your contributors air gittin' too infernal mettyfizzikle—too much like stimulatins a feller's appytite fur dinner with sum bitters, and then not gittin' round to dinner till the first table haz et.

Wilder ort to foller hiz classickle artikels with a morel, so thet sech uv us ez haint got enny too much branes can make sum applicashun uv his wisdom. The man iz enshrined in mi admerashun, and I always make it mi bizness to read every thing that cums from hiz pen,

whether I can comprehend it er not, fur his repertashun iz enuph too satisfi me that the artikkel iz awl rite enny way.

I have tride to reckonsile Allopathy and Homopathy fer menny years, but I am compelled tu acknowledg thet I am a failure, and I hope Doctur Lindorme will suckseed. I got so weak tryin' to digest "Systematic Innervashun" that I expect I shood hev becum a confirmed dispeptick if Dr. Beam hadn't cum along just ez he did and helpt me out.

I think it is a darned outrage fur T. P. Porter to tri tu import his West Injy or sentral american musketeers into this country. I don't beleiv there iz a man in the U. S. that ever seen one uv them birds, that hankers tu see enny more uv them, or who will dispute thair ability tu get awa with sich little things az backterys.

I am kinder pertickler uv mi eyesite, so I let "glaucoma" alone; but I suppose the artikerl iz all rite, and I'll take your word fur it.

"Simplisity in medisins" is good—I like that: but I wish Dr. Phelps hed gone a little further and dun away with medisins entirely. I am a little bit sorry, however, that hiz "eatin' grass like the beasts uv the field" plan, in reglar old Nebukidnezer stile, shood knock the evylooshin doctrin into a cocked hat, and spile the work uv Huxley, Darwin & Co., who had conseved the idee that we hed evolooted too a hier plain then Bulls and monkeys, and ort to hev our vittles cooked; but I heve got sens enough tu see that it was a prelood to prepair us for the out burst uv brilliansy that krost our horizon in the "Mat. Med.," which mite hev urtherwise put our eye out. I ust tu be chuck full uv sech noshuns miself, and even now I like to hear sum real smart chap git rite up on hiz mussel and kuss Alopathy ez it deserves, even too splittin' it clear up the back, and pattin' Eclecticisim on the back with the uther hand at the saim time.

I am only sorry you didn't give the Ladd more room so he could hev told us sumthing that iz good to the sick. It hez been mi experiens that a man with a rite smart belly-ake don't care very much whether Galileo knocked Harvey out uv time, or whether Thomson cum out furst or seckunt best in the hot and cold controversy; he wants sumthing

fur the belly-ake, and the man who eezes him up the quickest iz the best feller, no matter whether he is regler or not.

Them formula are pretty good; but that afrodiseick pill is pretty near big enough to choak a feller if it is properly and imperviously shuger coted. In yure Oct. number, you give a reseep for Dr. Pierce's Golden Medickle Discovery, which is about ez neer correct az if he hed called a kittle white. I'll bet mi ole thermomyter aginst one uv yours that he never tasted either. Whi, man alive, one iz so bitter it wood cramp your townales, and the uther is sort uv a sickish sweet.

If I waz ez good lookin' ez Dr. Beam, I wood send mi pictur; but I don't want tu friten you out uv your 7 senses.

Sum uv your selections air good, and sum air better; but I don't understand how there can be Homœopathic Selections when there can't be enny homœopathic doses. It wont du tu giv goose sas tu the gander. What a pitty lots more uv the the old hardshells coodn't git into a "shockin' child-bed room," and read the advise tu young doctors.

Who ever rote about female masturbashun hez, in all probberbility, just started on a tower uv investigashun, and will no more about it by and by. That doctor in the *Annals uv Surgery* with the shanker, ort tu use sum dubble back-ackshun syringe before he dresses hiz pashents wound next time, unless he beleeves in vacksinashun. If he iz goin to treat such ills with injectshun, I think Hawley's dubble dealin syringe wood be a savin' ordinance, and doo better than the antidilooivan kind he yoosed.

Thers a good menmy things I didn't hev time to absorb, but if you'll forgive me this time, like the boy that maid the world, I wont doo it agin.

Praps you wont cair tu print this letter, but its an original communicashun, and az long az you keep a standin' "ad" at the hed uv your edytorial colum, that copy iz wanted, I don't exactly see how you can git along without printin' it, even if it is sent by a KRITTLE KRAQUE.

SUBSCRIBE at once for the ADVOCATE, and secure as a *premium* a fever thermometer or a hypodermic syringe.

Imperforate Anus.

BY

ARCHIE CULLIN, M. D.,

WEST TROY, N. Y.

[Presented to the Eclectic Medical Society of the State of New York.]

Congenital imperforation, or occlusion, of the anus is an anatomical abnormality of sufficient importance and such rare occurrence as to merit the attention usually accorded this variety of natal monstrosities by authors and lecturers on such subjects. I, therefore, feel warranted in presenting the history of a case occurring in my own practice.

About a month ago, I was hastily called to attend an infant two days old, who, the messenger stated, had not had a bowel passage since its birth, and that it was suffering pain and distress. I promptly responded to the call and found the messenger's statement only too true. The mother had been confined by an old mid-wife, who was also serving as nurse. She stated that the babe appeared "all right," took the breast and was comfortable until some five or six hours before my visit, when it began to worry and cry, and otherwise act as if in pain. Thinking the trouble arose from the lack of meconial evacuation she gave the babe a liberal dose of castor oil, and repeated the same a few hours later. No effect following, she concluded to try an enema, and, upon trying to introduce the syringepipe, was astonished and alarmed to find "no place to put it," as she said.

I found the child in evident great distress from tormina and vomiting (lienteric); violent peristaltic and flatulent movements of the bowels could be seen and heard, the abdomen was much distended and tense, and convulsions were evidently fast approaching.

Upon inspecting the anal region I found the orifice completely occluded by a dense membrane; the sphincter muscle was present and contractile, and, aside from the occluding membrane, the parts appeared normal. Not having my instrument case with me, I made use of fine pointed pocket scissors, with which I made an incision in the median line, through the membrane, and there probed the rectum with a gum bougie to ascertain if the passage was unobstructed by

a blind pouch, which is sometimes found in such cases.

Upon the withdrawal of the bougie, a small quantity of meconium followed. I now injected a mixture of soap suds, castor oil, and molasses, and in a few minutes had the satisfaction of seeing a free and copious evacuation, which was quickly succeeded by a subsidence of all distressing symptoms.

The babe was put to the breast directly, and has continued well up to the present time. As a precaution against the re-closure of the parts, I directed the attendants to make daily distension by gently passing the syringe nozzle. I will add that the babe had also double talipes of the valgus variety, both feet being turned out, in the second degree, and tenotomy will probably be the only remedy. One wrist was also affected in a similar manner. Upon enquiry, I was informed that the mother's first child, born in Ireland some seven or eight years ago, had an occlusion of the anus, which, not receiving professional attention, caused death on the fifth day, with convulsions, after stercoraceous vomiting etc.

This case not only illustrates the tendency of congenital abnormalities to be repeated, with the same maternity, and the danger from unskilled midwifery, but also admonishes us to observe the utmost care and thoroughness in early and repeatedly examining the little strangers, until fully assured that every organ and function is normal, before ceasing our post-partem visits.

A Case of Poisoning by Potato Bugs.

BY

C. SPIEGEL, M. D.

SARATOGA, N. Y.

[Presented to the Eclectic Medical Society of the State of New York.]

On the 20th of August, 1884, I was called to see a child three years of age, who was, so the mother said, "dying of summer complaint." I found a rosy faced, chubby girl, who didn't look very bad considering the fact that she had been having six or seven stools every hour through the day. There was a little griping, but not more than would be expected after so many passages. As I sometimes do in such cases, I prescribed a dose of castor oil, to be followed

by astringent powders. I then left, promising to call the next morning. In about three hours, the father called at my office, having in his hand a little paper parcel, and said: "Well, Doctor, I guess we have got the summer complaint right here in this paper." Carefully unwrapping the parcel, he showed me five well developed potato-bugs! He then told me that after the oil had operated, and the child had had four or five stools, they noticed some hard lumps in the passages, and the grandmother, who was a very inquisitive body, took it into her head to investigate, and was rewarded by discovering the insects, which were soon recognized as potato-bugs.

The diarrhoea had entirely stopped by the next morning, and the following week the girl was cheerful and anxious to go out to play.

On enquiring into the case, we found out that the child had, just before the attack, been out in the garden helping her father destroy the bugs, and thinking the insects pretty, and being of a curious nature, concluded that it would be nice to eat some, which she accordingly did.

I have never heard of a similar case; and, if any reader of this article has had such an experience, I should be pleased to hear from him. I have attended several cases where men have crushed the bugs between their fingers, and the juice getting into a cut or sore, has caused swelling, pain in the whole arm, and irritation of the bladder, acting very like a mild case of cantharidal poisoning. But here the bugs were swallowed whole, producing only diarrhoea. There was no vesical trouble and no pain. Perhaps, if they had remained longer in the bowels, other symptoms would have developed; and they probably would have so remained, had the castor oil not been given.

I have seen preparations of potato-bugs quoted in one or two homoeopathic price-lists. I have used them in several cases in place of cantharides, with good results, by crushing the bugs and applying the fluid as a vesicant. I have also macerated them in chloroform, equal parts by weight, and used the liquid for blistering, always covering it with oiled muslin. I should like to hear what experience others have had, in any way, with this festive bug.

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EDITORIAL.

This issue brings to a close another volume of the MEDICAL ADVOCATE. In reviewing our work for the past year, while fully aware of the many shortcomings made evident in our columns, we believe we have discharged our obligations to our readers with a fair measure of success.

If numerous letters of encouragement from prominent physicians throughout the country, a general disposition on the part of our leading Eclectics to lend their best efforts to insure the continued usefulness of our journal, and a large and rapidly increasing subscription-list, furnish any indications of substantial success, then is the future of the ADVOCATE assured.

Our prospects for the ensuing year are more than good. The ADVOCATE has reached a commanding position in the

Eclectic school of medicine, and is becoming universally recognized and accepted as the one medical journal devoted to the *National* interests of American Eclecticism.

In our next issue, we shall introduce some new features, and otherwise add to the appearance and value of the ADVOCATE. It is our purpose, in the near future, to issue our journal weekly, provided our friends indicate an appreciation of, and are in accord with, such a step, and thus enlarge and extend its influence for the good of Eclecticism.

To all our friends and readers we extend the compliments of the season, and beg leave to suggest that now is the time to send in subscriptions for 1886.

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The attempt is to be made in all State Legislatures which may be found sufficiently pliable, to procure the enactment of statutes that shall effectually place the practice of medicine in the hands of the old school. Such statutes have been put in force in Virginia and Mississippi, and are operated in a manner totally adverse to common civilization. It is purposed to try it on in Pennsylvania, Ohio, Maine, Wisconsin, Michigan, and other States. The principal features of the bills are set forth as follows:

I. The sole power of granting licenses for the practice of medicine in the State, to be vested in a single Board.

II. This Board to have no connection with any corporation engaged in medical teaching.

III. The doings of this Board, including the determination of the fitness of applicants for the license to practice, to be public, and matters of record, and the records open for public inspection.

IV. To secure the efficiency of the Board against *incompetent membership* and the pressure of partisan politics, the medical profession or its representatives

to nominate to the Governor a list of persons qualified to perform its duties, *from which list the Board should be appointed.*

The State Medical Society of Pennsylvania has appointed a committee to propose such a bill and a lobby to procure its enactment. It is their boast, that with such a statute the old school of Ontario have rooted the Eclectics out, and are fast getting rid of the Homoeopaths. They aim to do it here. Perhaps, since the Dark Ages, there has been no mediæval barbarism darker than characterizes the average "regular" of Pennsylvania; and the current stupidity even excels the savagery. But they would stick at nothing.

This is the dish which the advocates of medical statutes have set out for us. It is unnecessary to comment on it. A viler accumulation of medical carrion was, perhaps, never offered to a respectable, civilized people. w.

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The people of Newark, N. J., have been thrown into excitement at the rending of several children by a dog supposed to be rabid. The occasion was seized upon for the proposition to test the Pasteur treatment of inoculation by diluted hydrophobic virus. A subscription was begun, accordingly, to obtain means for conveying the children to Paris. The theory of the treatment is declared to be the same as that of vaccination for small-pox—to permeate the system thoroughly with the one disease, as the means of immunity from another.

The irrationality of this treatment is evident enough to dispense with any necessity to comment upon it. Like other doctors' crazes, it must have its day, and then cease out of memory.

Hydrophobia itself, however, is a matter of too serious a character to be subjected to empiricism, or passed over unnoticed. Ignorance in regard to it

induced people, in England, when any one was so unfortunate as to contract the malady, to require his attendants to suffocate him. This is about the extent of the wisdom and humanity that some people possess. Yet, avoid the fact as we may seek to do, hydrophobia is one of the *opprobi medicorum*. Yet it is curable; though somewhat like another curable malady, what has been cured has generally not been cancer.

But we do not propose now to give an elaborate theory of the matter. The cause of hydrophobia in the human subject is laceration by a rabid animal, and the transmission of a morbid influence or matter into the system. It cannot, however, be communicated by an affected human patient to an animal. Nor is it necessary that a dog should have rabies in order to be dangerous in this way. *Hufeland's Journal*, December, 1839, gives an example where the bite of a dog in usual health inflicted the disease. Such facts as this, have induced many to imagine that the disease was rather the product of imagination than the result of contagium. Hysteria certainly simulates it, and the saliva of a hysteric patient is sometimes poisonous. But young children, as well as others, contract the disorder under circumstances which preclude the imputing of every such attack to the imagination. In instances where the animal that inflicted the bite was known not to be mad, it was either a bitch in oestrus, or a dog that had been maddened by the vain pursuit of one in such condition. The morbid cause here indicated, is not usually studied carefully or even candidly.

The spheno-palatine ganglion (sympathetic) presides over the secretion of the saliva from the salivary glands, and the mucous from the tonsils; and the vidian nerve, which has its various branches about the mouth and fauces, influences directly the secretion. Hence, a morbid

condition of the sphenopalatine ganglion produces the poisonous quality of the saliva, and also the peculiar difficulty of swallowing. It may be remarked that this ganglion guides the poisonous secretion from all venomous animals.

As regards the treatment of hydrophobia, the vapor bath is the most legitimate remedy that suggests itself. A symptom characteristic of this disease is the closing of the perspiratory apparatus; shutting all the noxious matters into the body, like the fabled "malaria." Hot-air baths, or hot water or vapor, will force the pores open, and so compel the elimination of the poisonous material. This is not mere theory or guess, but has been repeatedly employed with success. As usual, the old rule obtains in this instance. "Scientific medicine" is little else than the classifying of the discoveries of empirics. An accident revealed the efficacy of the vapor-bath. A gentleman of erudition and culture, having the misfortune to be bitten by a mad dog, resolved, in case that hydrophobia supervened, to suffocate himself, Seneca-like, in a vapor bath. The symptoms did appear, and he resorted to his expedient. The result was a profuse perspiration and the relieving of his symptoms. They recurred, however, and he several times renewed his bath. In the end, he recovered. w.

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Of the various other methods of treatment of hydrophobia, the following may deserve attention:

Scutellaria (skullcap) has been recommended as a remedy to the hydrophobic poison. Mr. Youatt administered it with belladonna to two of three dogs which had been bitten. On the twenty-ninth day after the occurrence, the dog that had not been treated became rabid; but the other two continued well. He also recommended the cauterizing of the injured parts; nevertheless, having em-

ployed it on four occasions upon himself, he committed suicide the last time.

Doubtless, the application of hydrochloric acid would neutralize the virus. Chloride of zinc has been employed with success.

The *Leipsic Journal* (Germany) gives the following prescription from a German forest-keeper 82 years old; it had been used by him forty years: "The bite must be bathed as soon as possible in warm vinegar and water; and when this has dried, a few drops of muriatic acid poured upon the wound, will thereby destroy the poison of the saliva, and relieve the patient from all present or future danger."

An anonymous paragraph in the *Vernon* (N. Y.) *Courier*, 1835, directed to keep every wound from a dog open for two months, as a sure means of prevention. The poison became virulent, it added, by reason of concentration after healing.

Our own judgment favors the washing of the wound with vinegar and water, the application of hydrochloric acid, the exhibition of skullcap, but above all, the hot water bathing. w.

QUERIES AND ANSWERS.

[Questions on subjects pertaining to Medicine, Surgery, and allied Sciences are solicited from the profession generally. Sign full name and address—not for publication, if so stated, but as a guarantee of the personality of the writer.]

EDITOR ADVOCATE.—A vaccine disaster of very serious proportion is reported as having occurred at the Isle of Rugen, which in the interest of the public health I hope you will allow me to refer to. I am chiefly indebted for the following particulars to Herr Walz, Doctor of Jurisprudence, and State Councillor, Frankfurt-upon-Oder, who has just visited the Island in order to ascertain the true facts. Herr Walz, accompanied by a physician, first called upon the chief magistrate at Bergon, the principal town in the island, who stated that he had personally examined 180 of the vaccinated persons who had been infected with the plague. Herr Walz then pro-



L. P. Oheale, Jr.



ceeded to the villages where the victims reside, and found 250 at Wick, 12 at Camin, and at Brenze. There were a great many at Altenkirchen, but the number is not stated. It appears that the vaccinations were performed by the official vaccinator at Altenkirchen and Brenze on the 19th and 24th of June last, and at Wick and Camin on the 20th and 24th of June, with Government animal lymph, supplied by the Royal Central Vaccine Institute at Skellin. About three weeks after the operation the vaccinated children and adults were found to be infected with a loathsome pustula disease. In many cases the eruption covered all parts of the body, including the head and eyebrows, and in some cases destroying the finger nails, and to intensify the gravity of the situation, a considerable number of parents and others have been infected by contact with the unfortunate children. The chief of the Prussian Medical Department has instituted an official enquiry, report of which is awaited with much concern. Meanwhile all the public schools in the neighborhood have been closed by authority, to prevent further dissemination of the disgusting malady.

Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James' S. W.,
London, November, 1885.

EDITOR ADVOCATE.—I sincerely hope that you will not consider this query out of place. If there is anything a physician likes to see in good shape, it is his pet team. One of my horses, seven years old, has a *white spot*, or rather a long white stripe extending directly over the pupil of his right eye, nearly from one canthus to the other. At first, six weeks ago, the eye was slightly inflamed. This was readily reduced by bathing the eye with salt and water. I have often seen similar white patches appear on the eyes of my own and other's horses, but they have readily yielded to a cooling saline lotion; but this one seems to defy all treatment and seems to grow worse. I, therefore, beg leave to ask if you or any of your readers can suggest a course of treatment for this case. Besides being my wife's pet, he is a valuable animal.

F. A. RAW, M. D.

Imboden, Ark., Nov. 17, 1885.

EDITOR ADVOCATE.—Please give in your department of Formulæ, a recipe for chronic rheumatism with chalky deposits about the joints.

M. H. NICHOLS, M. D.

Worcester, N. Y.

EDITOR ADVOCATE.—If Dr. Steuble will try *mercurius cyanatus* in doses of $\frac{1}{10}$ of a grain in his cases of diphtheria, he will be delighted with the result. It is especially valuable in malignant cases. This remedy is extensively employed for this disease in Europe, both in the old-school and among Homœopathists, and its use is rapidly increasing. Although our old Eclectics may view the administration of any form of mercury with horror, I think, upon a fair trial of this drug, in the dose given above, they will prove the adage, "the devil is never so black as he is painted."

ECLECTIC.

EDITOR ADVOCATE.—Dr. Steubel wants a good treatment for diphtheria. Well, he can't want anything better than concentrated extract of *pinus canadensis*. I have used it, locally and internally, in upwards of fifty cases of this malady, with only one death, and in that case the child had been suffering with the disease three days before I saw him.

C. J.

FORMULÆ.

[Original, and also carefully-selected formulæ from reliable sources. Physicians are invited to contribute to the department such formulæ as have proved useful in their practice.]

EDITOR ADVOCATE.—Allow me to say that in my judgment you have done the profession a real service in publishing Dr. Beam's article on Indigestion. I have just risen from a second or third perusal of the paper. And now that we have had the subject so thoroughly ventilated, I cannot refrain from giving the formula for a favorite prescription which I have found highly useful in the various anomalous forms of indigestion to which the doctor so forcibly alludes, and I hope he will adopt the "bairn" into his family of "Standard Remedies."

R̄.	Carbo veg.	-	-	-	iii.
	Sach, lac.	-	-	-	ij.
	Fl. ext. celery seed	-	-	-	j.
	Tinc. chamomilla	-	-	-	ij.
	Ext. nucis vom., pulv.	-	-	-	ss.

Acid, salicylici - - - 3 j.
Pepsin, pure - - - 3 j.

Mix the charcoal, milk sugar, and fluids thoroughly together, and, when dry, add the powders. Dose: v to x grains, almost ad libitum, until relief obtains, then at the close of each meal. A more genteel way, perhaps, is to have the preparation made up into v or x gr. tablets, and packed in boxes ready for use. The above, of course, has the odor of celery.

WILLIAM BELL, M. D.,
SMYRNA, Mich.

PYROSIS.

℞. Sodii bicarb. - - - 3 iss.
Tinct. colom bæ - - - 3 ij.
Tinct. nucis vom. - - - 3 j.
Tinct. capsici - - - 3 ss.
Aquæ - - - 3 ij.

M. Sig.—Half a tablespoonful after meals.—*Med. Bulletin.*

ACUTE DYSENTERY.

Prof. Da Costa placed a man with acute dysentery upon a diet of arrow-root, corn-starch, and broth; an opium suppos., gr. j., morning and night, to which was added rest and—

℞. Plumbi acetat. - - - gr. ij.
Ipecacuanhæ - - - gr. 4.
Pulv. opii - - - gr. 4.

M. Sig.—Give every two hours until blood disappears, then lengthen the intervals.—*Med. World.*

SMALL POX.

℞. Acidi carbolici - - - gr. iv.
Chloral hydrat - - - 3 ij.
Tinct. benzoini comp. - - 3 iiss.

M. Sig.—One teaspoonful every four hours.

MALAISE.

For malarial weakness and *malaise*, take of:

Ferri pyrophos - - - 1 dram.
Strychnia sulp - - - 1 grain.
Quinia sulph - - - 1 dram.
Acid phosph, dil. - - - 2 ounces.
Syr. ginger - - - 3 ounces.

M. Sig.—Teaspoonful before meals.—*Ind. Phar.*

FOR NETTLE RASH.

Prof. Hardy, of Paris, recommends the following lotions, to be applied several times a day:

℞ Chloroform.....10 parts,
Oil of sweet almonds.30 “ M.
In obstinate cases he uses:

℞ Corrosive sublimate 1-10 to
to 1-7 parts.....
Alcohol... ..10 parts.
Water.....90 “ M.

He also gives internally alkaline medicines.

OUR PORTRAIT GALLERY.

Portraits of the following physicians appeared in the *Advocate* for

MARCH:

- I. Dr. Robert A. Gunn.
- II. Dr. Joseph Rhodes Buchanan.
- III. Dr. Charles E. Taylor.

APRIL:

- IV. Dr. Alexander Wilder.
- V. Dr. Robert Koch.

MAY:

- VI. Dr. I. J. M. Goss.
- VII. M. Louis Pasteur.

JUNE:

- VIII. Dr. Richard E. Kunze.
- XI. Dr. Wooster Beach.

JULY:

- X. Dr. William Bell.

AUGUST:

- XI. Dr. L. E. Russel.

SEPTEMBER:

- XII. Dr. Anson L. Clark.

OCTOBER:

- XIII. James Anton, M. D.

NOVEMBER:

- XIV. Dr. L. T. Beam.

XV.

L. P. O'Neale, M. D.

BY

REV. G. M. SLAYMAN.

For the encouragement of others, I present to the readers of your excellent journal a brief history of a man of indomitable energy, showing what push and pluck may accomplish.

Dr. Lindsay Pitts O'Neale, of Mechanicsburg, Pa., deserves honorable mention for the success he has achieved by his own genius and indefatigable energy. His ancestry were Scotch-Irish. His grandfather, Colonel Thomas O'Neale, was born in the city of Dublin, Ireland, and took an active part in the rebellion against England, and, when the Irish were subjugated, fled to America (see Macauley's History of England).

His father was born and brought up in Essex Co., Va., and served his country in the Mexl. can war, ranking as Captain. The subject of this sketch was born in the same county, Oct.

11th, 1838. His early boyhood was spent on a large southern plantation, and, as other boys, worked at all work incidental to farm life. Having no free schools, he had but few advantages in the way of education, learning only as he was taught in the home circle. At the age of sixteen, he left his home in Southern Virginia to fight the battle of life. His first attempt was in the city of Baltimore, where he obtained a situation in a wholesale grocery store. Here he had opportunities never enjoyed before, and was not slow to use them. He learned much by observation, and at once began to attend night school, improving every hour. In 1856, he left the store, and worked at shoe making; but this was not in the line of his genius. In the meantime, his thoughts were busy, and culminated in the choice of a profession, and a year later began the study of medicine. To become a successful physician was his aim, and to a young man without means, this was no easy matter. But he was equal to the struggle. In 1859, he visited Philadelphia for a short time, and returning to Baltimore in 1860, took an active part in politics. He was in the convention in Front street Theatre when Stephen A. Douglass was nominated for President. He afterward went to York, Pa., where he resumed the shoe business. Soon after the establishment of the U. S. Military Hospital in York, Dec., 1861, he received an appointment in the medical department, and continued there until the fall of 1864, when, on account of sickness, he resigned and returned to Baltimore. During the following winter he attended lectures at the Washington Medical College. In the spring of 1866, he opened an office in York, Pa., and began the practice of his profession. The following year, having with his brother bought a small farm in Newberry Township, York Co., he removed there, and met with marked success as a country practitioner. About this period, through the influence of himself and brother, a Baptist church was organized in Newberry Township. Another event of great importance is to be noted. He there met with Miss Maggie W. Eckels, of Mechanicsburg, Pa. To this most excellent and intelligent Christian lady he was married, November 26th, 1868. In the spring of 1870, through the influence of his wife, he became a resident of Mechanicsburg, where in a short time he secured a large and lucrative practice. In 1874, he made the acquaintance of Dr. J. R. Borland, of Franklin, Pa., and on the 20th of July, 1875, they, together with others, secured the charter that gave existence to the Eclectic Medical Association of the State of Pennsylvania. Of this Association he was President two successive terms; he also became a member of the National Eclectic Medical Association in June, 1876, and sustains a good membership to the present time.

Dr. O'Neale stands among the first physicians of the neighborhood in which he resides. In diagnosis he is pre-eminent; his reports of cases coming under his treatment as published in medical journals, have been most clear and satisfactory. Beginning his life under most adverse circumstances, he has worked hard, often incurring the envious malice of those

who should have befriended him, yet has risen to a position of wealth and commanding influence. His industry, perseverance, push, and pluck are worthy of commendation and imitation by all who would win success in an honorable and useful life.

ECLECTIC SELECTIONS.

A SUCCESSFUL LAPAROTOMY.—By HENRY F. BEAM, M. D.—The subject of this article is a lady, aged 48, weight in health 140 pounds, and who, for twenty years, has been subject to periodical attacks of jaundice, bilious colic, etc. When I was called she had been confined to bed nearly two months, suffering from what the attending physician pronounced "a severe attack of jaundice and typhoid fever." She was greatly emaciated, and was reduced in weight to perhaps one hundred pounds. Her pulse was full and bounding, and she exhibited a very distressed countenance, suffering intense abdominal pain, especially in the right iliac region. Supposing, no doubt, this to be the usual inflammation of Peyer's glands, the attending physician had first applied a blister of cantharides, and afterwards hot fomentations to the abdomen. Fortunately for the patient these applications were not large enough to encroach upon the most painful part. Three days prior to my visit, stercoraceous vomiting began, and continued, at intervals of a few hours, until I first saw her. The bowels were costive, no fecal matter having passed in four days, yet various attempts at defecation were made, when a mixture of blood and mucus would pass off.

Palpation of the abdomen revealed great tenderness, and manifested more to the right side than to the left; and in a circumscribed space of three inches in the iliac region the slightest pressure produced most excruciating pain. At this point there was an elevation resembling a hernia, and by careful manipulation a hard, round substance was clearly defined, and located at the ileo-cæcal valve.

"What is the nature of this enlargement? Is it an accumulation of dry, hard, fecal matter; or is it a foreign body, causing inflammation and thickening of the intestine; or is it a case of intussusception; or is it an ovarian cyst adherent to the cæcum; or peri-typhlitis

with adhesions?" These were questions which occurred to me, and which must receive consideration. To me the case was a rare one.

"Supposing it is a foreign body, or fecal accumulation, or intussusception, or what not, it is plainly evident that it must be removed by an operation." Reasoning thus, and considering the operation absolutely necessary, by doing which there was a possibility of saving life, and without which death was certain, I concluded to cut down and remove the obstruction. The hour being five o'clock in the morning, I administered an opiate and went home, promising to return after daylight and operate. Inasmuch as the patient was a nervous "high strung" person, hysterical beyond all endurance, I regretted that I was unable to operate immediately, and thus give her no time to consider the probable fatality of the procedure.

At eleven o'clock of the same day, I returned to the house, accompanied by a student, and found the patient in great agony. The opiate had failed to afford any relief whatever, and the few hours intervening since my last visit were passed in great pain. The patient looked worn and haggard, she had occasional attacks of stercoraceous vomiting, and after considering these points thoroughly, I was rather timid about proceeding with the operation. Finally, with the consent of the friends, the patient was placed upon an improvised table, and chloroform administered. In a moment a most violent attack of vomiting ensued, large drops of perspiration, cold and clammy, appeared upon the forehead, and the patient sank back apparently dead. Hypodermic injections of brandy were administered, the limbs rubbed well with the same, and in a few moments signs of returning consciousness were evident. After waiting a few minutes, the anæsthetic was again applied, this time with better effect. Profound anæsthesia being produced, an incision two inches in length was made directly over the hernia-like elevation, down to the peritoneum. With a pair of scissors the peritoneum was snipped, and the incision completed with a grooved director and scalpel. The ileum was then opened the same length directly at its junction with the cæcum,

and immediately upon penetrating the bowel the knife struck a hard, gritty, stone-like substance. Wiping away what little blood had oozed out, together with some fecal matter, I introduced the index finger of my right hand into the bowel, and with some difficulty brought forth the substance which caused the trouble. In form it was almost round, slightly flattened on one side, where it had been crowded against the cæcum, and was as large as an English walnut. It was composed first of a nucleus about the size of a buckshot, around which were concentric layers of about one-sixteenth of an inch in thickness. The outside presented a mottled appearance of green, gray, and brown.

There was no evidence of peritonitis, but the ileum was highly inflamed. After thoroughly cleansing the parts, the wound in the bowel was closed by four silk sutures, and the superficial opening was closed by as many sutures of silver wire, which also included the peritoneum. The patient was placed in bed, surrounded by bottles of hot water, and a dressing of carbolized cerate, absorbent cotton, and a bandage applied to the wound. On the evening of the same day she ate a light supper of corn starch and boiled milk. On the day following, I prescribed iron, quinine, and nux, mildly. On the third day there was a natural operation from the bowels, causing no unpleasant symptoms whatever. Everything went along nicely, and on the tenth day I removed the sutures and dressing, and the patient arose from her bed feeling first-rate. She made a good recovery, and is at present enjoying the best of health.

The symptoms attending renal, biliary, or vesical calculi, all possess their own peculiar characteristics, and but little or no trouble is experienced in diagnosing these maladies, but calculus of the bowels is a very uncommon occurrence, and as will be observed by the symptoms narrated, to arrive at an intelligent conclusion in diagnosing such a case is a difficult matter. I have been asked how I accounted for the presence of this stone, composed of oxalate of lime, in such a place. I do not attempt to account for it. The seeker after pathological certainty finds himself much baffled in studying the subject of the so-called oxalic acid diathesis, and I have long

since abandoned it—"giving it up as a bad job." Had the urine or blood of this patient been examined, there would probably have been discovered lithic acid, as an excess of that article is supposed to be a source of oxalate of lime: but in the conditions known as oxaluria or oxalemia, the lithalmic theory is hardly sufficient, and the main fact of importance is the excessive excretion of lime and the other earthly salts. Meditating thus at the bedside of the patient a few days after the operation, and discussing with the family the probable cause and composition of the stone, I was amused at the doctrine of the patient: "You may theorize as you please," she said, "but I think it is an accumulation of the calomel administered by Dr. E. during his treatment for typhoid fever."—*Eclec. Med. Jour.*

ANTIPIRYN IN HIGH TEMPERATURE.—By John Tascher, M. D., Chicago, Ill.—A high temperature is always a source of danger in disease, either from its intensity or from its long continuance. Aside from the cause which has induced it, I have often thought many of our patients could be saved from an early grave if we had a remedy by which we could keep the temperature below the danger line. Such a remedy I believe we now have in antipyrin. A temperature of 104° F. when continuous, is always dangerous to life, and the physician who did not endeavor to keep it below this point would be guilty of neglect. Antipyrin is a synthetic alkaloid; it has a slightly bitter taste, is readily soluble in water. It was first introduced by Dr. Knorr, of Erlangen. The dose is from fifteen to thirty grains every two or three hours for an adult; for a child under ten years the dose is one grain for every year of the child's age. There seems to be no special indication for its use, except a high temperature, irrespective of its cause. I regard antipyrin the safest, most energetic, positive, and universal, antipyretic, at our command. It causes paresis of the vaso-motor nervous system, followed by dilatation of the vessels, lessening blood pressure, and slowing the heart's action, which is soon followed by a fall of temperature accompanied by sweating. The temperature is usually lowered two or three degrees after giving

one or two full doses, remaining so ten or twelve hours.—*Chicago Med. Times.*

THERAPEUTIC NOTES.—Santonin is said to be a valuable remedy, in 2-grain doses, in amenorrhœa. Others claim it is equally as efficient in menorrhagia; the same is true of ergot and caulophyllum and macrotis.

Fluid Extract of Eucalyptol is said to be a very valuable diuretic and a powerful aromatic tonic in low typhoid conditions. It acts well in vesical catarrh, all of which are given on the experience of a writer in the *Pacific Med. and Surgical Journal*. Recently we saw a statement in a German periodical that the oil of eucalyptus is a highly prized remedy in diphtheria; that it had given remarkably good results. It is used locally and internally.

A Bad Practice is to give a dose of ergot in the last stage of labor, indiscriminately. This, with many other Allopathic notions and methods, has nothing but evil in its tendencies and results. We very seldom give ergot in obstetrical practice; and, on enquiry, we find that those who use least of the drug have the less of bad cases. Ergot is a two-edged sword.—*Ga. Eclec. Med. Jour.*

HOMOEOPATHIC SELECTIONS.

MERCURIUS CORROSIVUS IN THE HANDS OF THE ALLOPATHS.—The history of the use of *Corrosive Sublimate*, or, as we prefer to call it, *Mercurius Corrosivus*, among the allopaths during the last twelve months or so is most instructive. The discovery having been made that this substance is one of the most powerful of all destroyers of living organisms, it was at once dubbed "*the antiseptic*" *par excellence*; and *Carbolic Acid* being at the time not a little discredited, *Corrosive Sublimate* rapidly came to the front. "Antiseptic" was its name, and the idea that it could do anything more than act as an "antiseptic" did not appear to have occurred to the allopathic mind. The scientific having decided that it was an antiseptic, it would be really impertinent on the part of the drug to do anything else than "antisept"—if we may be allowed to coin a word. This is just what happened with *Carbolic Acid*. *Carbolic Acid* was and is

an antiseptic; the idea being that when an agent is *used as* anything it must do that same thing and nothing else. If *Arsenic* is "used as a hæmætic tonic," it must restore the quality of the blood; if *Rhubarb* is "used as a stomachic tonic," it must act as a restorative of the strength of the stomach. Such is the inference—that the action of a drug depends on what it is "used as," and not on its own inherent properties. And so, when it has been decided that *Carbolic Acid* is an antiseptic, and when those who employ it say that they "use it as an antiseptic," nobody imagines that it may possibly have another action besides that of destroying germs, and that the germ-destroying power may not be the explanation of its good effects when they ensue. In spite of the fact that a large number of patients on whom *Carbolic Acid* has been "used as an antiseptic" have died with hæmaturia, and that others have died from its use with symptoms of blood-poisoning which it has been difficult to distinguish from the symptoms of ordinary septicæmia, *Carbolic Acid* still continues to be an "antiseptic," and the word "antiseptic" is thought to be a sufficient explanation of its action.

And now the new antiseptic agent, *Mercurius Corrosivus*, is behaving in the same unseemly way as its brother germ-destroyer, *Carbolic Acid*. It has been "used as an antiseptic," and the users have forgotten that the drug was not bound to do only that for which they used it. It was most irritating to have the unruly substance behave as it has always done, and not as it was expected to do by the antiseptic surgeons. These offended dignitaries could hardly believe their experience at first; and the *Lancet* published in February last (28th) an editorial note on what it thought fit to term "*Alleged (!) Dangers in the Use of Corrosive Sublimate as an Antiseptic Agent.*" This is of such extreme importance that we reproduce it here:

"Dr. Fraenkel, of Hamburg, draws attention (*Virch. Arch.*, 99, ii.) to an almost unsuspected danger arising from the too free use of corrosive sublimate as an antiseptic agent. His remarks are in the first place based upon a case recorded by Stadfeldt of death with dysenteric symptoms following upon intra-uterine injection of a solution of

sublimate (1 in 1,500) after adherent placenta, and are supported by the results of post-mortem examinations of surgical cases in which this solution was employed. In all these cases (fourteen in number) severe ulcerative lesions were found in the large intestine, but Dr. Fraenkel admits that in only two of these could the lesion be said to have caused the death of the patient. The appearance presented by the deceased bowel resembled those of acute dysentery—viz., more or less extensive areas of necrosis of the mucous membrane, with intense surrounding inflammation. He combats the notion that the intestinal lesions depended on septicæmia, mainly on the ground that in no case were any other of the lesions characteristic of septicæmia or pyæmia present, nor did the cases run the clinical course of blood-poisoning. Although the paramount value of corrosive sublimate as an antiseptic must be admitted, its employment is nevertheless not free from risk. Its immoderate use as an external application is liable to excite the diphtheritic-like inflammation of the large and sometimes of the small intestine, which is recognized clinically by tenesmus, colic, and bloody stools. But so far the renal changes supposed to be characteristic of sublimate poisoning have not been observed in surgical practice. The intestinal affection is most liable to occur in individuals whose nutrition is defective, or who are very fat, especially those with fatty hearts; and particularly if the sublimate has been in contact with large exposed and absorbing surfaces, as the peritoneum or uterus; therefore care should be taken to use only the weakest solutions consistent with their antiseptic property, and especially not to use them too frequently as intra-uterine injections."

It is scarcely credible that the destructive power of *Corrosive Sublimate* should have been "almost unsuspected" by a man of the standing of Fraenkel, though we are not astonished at the editor of the *Lancet* quoting this experience as betokening merely an "alleged danger." The editor of the *Lancet* is not remarkable for his sagacity. But let us look at the facts. *Corrosive Sublimate* is used in what might seem a weak dilution—1 in 1,500—more attenuate, in fact, than our 3d decimal—as

"an antiseptic." Probably it *did* kill a few germs and minute living organisms, and so it *may* have fulfilled the intention of its users. But not only did it kill the germs—it killed the patients, fourteen in number. How many others it has killed before and since when "used as an antiseptic" it is impossible to say. This "antiseptic" produced dysentery, diphtheritic ulceration, and symptoms of blood-poisoning. What is to be said of this action? Has it any bearing on the sphere of its curative powers? It is used in states of blood-poisoning, and it will cause death with the symptoms of blood-poisoning. Is there any relation between these two facts? "Oh no!" says the allopathist, "it acts as an antiseptic." It causes ulceration, and it is used for the same condition; surely there is a hint of Homœopathy here? "Not at all," says the allopath, "it is used as antiseptic." But if it is antiseptic only, how is it that it kills so many patients as well as the microbes? "That I cannot tell," says the allopath; "all I know is that it is 'used as an antiseptic.'"

It is amusing to see how ready "our friends the enemy" are to adopt our practice as soon as they can get a colorable excuse. *Corrosive Sublimate* has now become a fashionable "antiseptic," and it can now be used for all cases of ulceration, such as homœopaths have been in the habit of curing with it for generations past, without any suspicion of flirting with homœopathy. In this way it has been adopted for the treatment of ulceration of the eyes—as an "antiseptic" lotion, of course. But the curious part of it is that in using homœopathy in this way (even though they dub the treatment "antiseptic") they are obliged, after killing by their stupidity a large number of patients, to dilute it to an almost unheard-of extent. We understand that at Moorfields a solution of 1 in 50,000 is the favorite strength. This is in point of attenuation somewhere between the 2nd and 3rd centesimal dilutions of Hahnemann. But though there is nothing produces ulceration so surely as *Corrosive Sublimate*, and nothing produces such rapid cures, according to our clumsy imitators this is not homœopathy—it is "antiseptics."

COLORLESS MEDICINES FOR TOPICAL USES.—By E. M. HALE, M. D., Chicago. —The use of some drugs, of very great value as topical medicaments, is certainly restricted because of their objectionable high color, and the stains which they impart to the skin and the clothing of patients. We may insist upon their use, but with decided protest and objection, none the less intense, because unspoken. Aside from any æsthetic reason, there is an economic objection which we should not overlook.

We use in almost daily practice several high colored drugs as lotions, enemata, etc. Arnica, Calendula, Hamamelis, Hydrastis, Hypericum, Eucalyptus and others belong to the list.

Of these, until lately, only one has been decolorized. We have several distilled extracts of Hamamelis, which are elegant, colorless preparations.

Several years ago, Dr. T. D. Williams, of Chicago, prepared for me a distilled extract of Arnica, which had the taste, odor, and, so far as I could see, the curative action of the tincture, without its red color and staining effects. It was not placed before the profession, however, and I do not know that it is now manufactured.

Calendula, so useful in lacerated wounds, has a deep, yellowish color, even when largely diluted. Unfortunately, the elegant aqueous preparation, lately introduced by Luytes & Co., of St. Louis, is open to this objection: It will stain. Take the color out (and color is no part of its medicinal action), and this preparation would be elegant. I do not know whether aqua-Calendula can be distilled so as to retain all its healing qualities, for one of its constituents is a mucilage, which, like the mucilage in Symphitum, may be valuable, and may not be carried over into the retort.

Hypericum is open to the same objection, and as it contains no mucilaginous principle, ought to be distilled, colorless, as well as Hamamelis.

Eucalyptus, so valuable as a local application in all catarrhal conditions, as in leucorrhœa, catarrh of the bladder, urethra, and nose, has a very objectional color. Its oily principle, Eucalyptol, is not readily miscible with water. I know of only one distilled preparation, the aqua-Eucalypti (distilled), made by Chapman, Green & Co., of Chicago.

This is as unobjectionable as distilled extract Hamamelis, and if it contains a proper proportion of the volatile oil, must be as efficacious as the tincture or the Eucalyptol.

Hydrastis, owing to its intense orange-yellow color, and the permanence of its stains, has not been used one-tenth as much as it should, had there been a colorless preparation. Distillation has no effect in removing the color, for the Berberina which contains it, was carried over. Hydrastis contains a colorless alkaloid, called Hydrastia, but its high price has heretofore been a great objection to its use, although the hydrochlorate has been used a good deal. About a year ago the Messrs Lloyd Bros., of Cincinnati, the well known analytical chemists, and editors of the "Drugs and Medicines of North America" sent me a sample of a colorless solution of Hydrastis which was a beautiful preparation. I began to use it and was gratified with the results. At first it was doubtful if it could be prepared and given to the profession at a cost which would enable us to prescribe it as largely as its merits demanded.

I understand that this has been overcome and now the cost is but little more than a distilled extract of Hamamelis. It contains all the constituents of Hydrastis root, except the high colored Berberina, namely: Hydrastia alkaloid; an opalescent principle yet unknown, and another, not yet isolated, which I believe will be found to be somewhat similar to cocaine in its sedative effects upon diseased mucous surfaces.

As my personal experience may be of use, I will append a few of its uses:

Internally. This preparation has altogether succeeded in my practice the tincture Hydrastis, and dilutions in the following disorders, namely: Dyspepsia with irritable stomach; acute and chronic gastric catarrh, gastric intestinal catarrh, especially in children; the recent physiological experiments with Hydrastia show that it heightens the sensitiveness of the spinal reflexes. This power will make it specially indicated in *gastro-intestinal irritation* and catarrhs, where reflex disturbances are common. There is a particular variety of gastric irritation, characterized by painful digestion, distress after eating, slow digestion of food in the stomach with formation of gases, and

fermentation; vomiting of food or in-jecta mixed with mucus, etc. This colorless Hydrastia will often cure this disorder unaided (10—15 drops before meals). But in many cases I have had brilliant curative results from the following mixture, when either alone failed.

Rx
 Colorless solution Hydrastia, $\frac{3}{4}$ j.
 Bismuth Sub-nit, $\frac{3}{4}$ j.
 Pure Pepsin (Non saccharated), $\frac{3}{4}$ j.
 Distilled water, $\frac{3}{4}$ iii.
 Mix.

Give a teaspoonful before meals, and in bad cases, another, one hour after.

The usual dose of the solution is five to fifteen drops in water, every three or four hours, or one teaspoonful in half a glass of water, giving a spoonful as often as indicated.

Topically. I use this solution in aphthous sore mouth, catarrhal pharyngitis, laryngitis and bronchitis (in the two latter, in the form of a *spray*). In vaginal catarrh (leucorrhœa) it is admirable as an injection. After washing out the vagina with a weak, hot saline solution, inject the following: One teaspoonful Hydrastis' solution to four or five ounces of water. In cervical or intra-uterine catarrh it may be applied pure, on a probe wrapped with absorbent cotton, if the cervix is sufficiently open; if not, inject it through Battle's syringe, which carries from ten to thirty drops. A cotton tampon, saturated with the solution, one half water, is a very efficient method of applying it. In chronic gonorrhœa, catarrhal otorrhœa, nasal catarrh, and even some forms of eczema, and other irritable cutaneous diseases, its use is attended by the best results.

—*Amer. Hom.*

TYROTOXICON—CHEESE POISON.—At a meeting of the Michigan State Board of Health, July 14, 1885, Professor V. C. Vaughan presented a report of his investigations on poisonous cheese. It is well known that cases of severe illness follow the eating of some cheese. Dairy-men know this cheese as "sick cheese." The old foul-smelling cheese, such as limburger and schweitzer, has never been known to be poisonous.

The symptoms produced by sick cheese are as follows: Dryness of the mouth and throat with a sense of constriction, nausea, vomiting, diarrhœa, headache,

sometimes double vision and marked nervous prostration. In rare instances the sufferer dies from collapse. As a rule recovery occurs in a few hours, or at most after a few days. The symptoms of cheese poisoning and those of sausage, canned meat and fish poisoning, are very similar, though death results more frequently from the others mentioned than from cheese poisoning.

There is no certain means, aside from a chemical examination, by which a poisonous cheese can be distinguished from a wholesome one. The most reliable ready method is probably that proposed by Dr. Vaughan a year ago, and it is as follows: Press a small strip of blue litmus paper (which can be obtained at any drug store) against a freshly cut surface of the cheese; if the paper is reddened instantly and intensely, the cheese may be regarded with suspicion. Dr. Vaughan does not regard the above test as free from error, but as the most reliable ready means now known. Every groceryman should apply this test to each fresh cheese which he cuts. The depth of the reddening of the paper may be compared with that produced by cheese which is known to be wholesome.

Dogs and cats are not affected by eating poisonous cheese. This is probably due to the fact that they do not get enough of the poison from the amount of cheese they eat.

Dr. Vaughan has succeeded in isolating the poison. It is a product of slight putrefaction in the cheese, which probably occurs in the vat, as the curd has been known to poison a person. By this slight putrefaction, or excessive fermentation, as it may be called, a large amount of butyric acid is formed, and this in presence of the casein of the cheese, is capable of developing a poison. Different samples of the poisonous cheese contain different amounts of the poison. The poison was obtained in long needle-shaped crystals, which are freely soluble in water, chloroform, alcohol and ether. The smallest visible fragment of crystal placed upon the end of the tongue causes a sharp, stinging pain at the point of application, and, in a few minutes, dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting and diarrhoea. The poison is volatile at the

temperature of boiling water, and for this reason even poisonous cheese may be eaten with impunity after being cooked. The substance has also a marked pungent odor, and through the nose one can obtain sufficient of the volatile poison to produce dryness of the throat. This is true, however, only of the isolated poison. In the cheese the taste and odor of the poison are both modified to such an extent that they would not be recognized, as has already been stated.

The first step in the study of cheese poisoning has now been taken, by finding out what the poison is. Efforts will be made to ascertain the means for preventing its formation.--*Med. Times.*

PERISCOPE.

THE FIRST MANIFESTATIONS OF THE ACTION OF SYPHILITIC VIRUS.—(Prof. H. Zeissel, Vienna, *Annales de Dermatologie et de Syphilographie*.)

The first manifestation of the action of the syphilitic virus is seen at the point where it has entered the system. The lesion, however, at the point of infection, has not always the same appearance. This depends upon the nature of the vehicle which carries the virus, whether it is an irritant, such as pus, sanies, or an indifferent fluid; as blood, serum or lymph. In cases in which the syphilitic virus is mixed with a purulent fluid, the irritating effect of the pus is soon evident; the part presents a circumscribed hyperæmia and swollen appearance; in a short time the swelling ends in suppuration and ulceration. The deeper the lesion by which the syphilitic virus has entered, the more rapid and more intense is the swelling and suppuration. In these cases there is formed an ulcer, varying in size. It is only later that the tissues of non-syphilitic persons undergo, at the point of infection, the pathognomonic change which is considered as an indication of syphilitic infection.

The tissue in question is hardened, indurated to a varying degree, and at the point where the syphilitic virus acts, is found the change which is regarded as the initial sclerosis of syphilis. But when the syphilitic virus is carried by a non irritant vehicle, such as the blood, or the intercellular sub-

stance, its insertion is not followed by irritation or ulceration at the point affected, and it is only at the end of several days or weeks that a papule appears at the point where the virus has entered. This papule gradually loses its epithelial covering, and becomes indurated, so that it is evident to the touch from its hardness and resistance. In many cases the development of the local affection is preceded by a slight erosion, varying in extent.

In a few cases, however, experience teaches that there are some persons affected with a mild latent syphilis, without any syphilitic lesion of the genital organs, or of any other region, who infect their wives. In the latter, however, there is not found the syphilitic sclerosis which is the lesion of syphilis. With these women syphilis is manifested by a rapid diminution of nutrition and a progressive decline. Gradually they lose their hair; at times periosteal pains and exostoses occur at certain parts of the skeleton (sternum, crest of the tibia etc.); later profuse and frequent metrorrhagia appears. All these symptoms may disappear under the influence of antisyphilitic treatment. The persistence of syphilis in these cases is only evident from the fact that if they become pregnant they generally abort, or if pregnancy does not occur they suffer from metrorrhagia. The manner in which the syphilitic virus enters the system in these women is not yet explained. Again, it is not known how a woman who is affected with latent syphilis, and in whom there cannot be found any focus of syphilitic virus, may infect her husband with syphilis.

Evolution of Syphilitic Sclerosis.—The mode of development of the initial syphilitic lesion depends upon the mode of infection, in other words, upon the nature of the material which serves as the vehicle for carrying the virus, and upon the lesion which occurs at the time of infection. If the infecting material comes from an ulcerated sclerosis or papule, and if the infection takes place in a deep lesion of the skin, the injured part, in a few days, is transformed into a more or less purulent ulcer, which, however, at first does not present any external characters that may indicate its syphilitic nature; even the most experienced practitioner is un-

able to distinguish the ulceration caused by a syphilitic virus from those due from other causes. It is only later that this distinction is possible.

In cases where the infecting virus is not mixed with pus, but with the serous fluid that habitually oozes from the surface of the sclerosed ulcer, or with the blood of a syphilitic, or again, if there is only a slight excoriation at the seat of contamination, the infecting substance not being purulent it has not an irritating action, and does not produce an ulcer at the point of entrance. On the contrary, the excoriation cicatrizes rapidly, and after a more or less longer period of incubation, there supervenes a papule, varying in size, which in cases where the skin passes into mucous membrane (the labia majora and minora, at the anus), often resembles a moist papule (mucous patch), in the early stage.

The papule retains its primitive form until it entirely disappears or it ulcerates. The ulceration at times extends to the base of the papule; sometimes it is limited to the superficial layers. Its progress is generally very slow; the disintegration of the papule is rapid only in certain regions, when it then occasions a very deep loss of substance, while in other localities it is only the epidermic or epithelial layers which are destroyed, so that the focus of infection for several days resembles rather an erosion than an ulcer, which gradually takes the character of a sclerosis. The tissue becomes more and more indurated, and the induration often exceeds the limits of the apparent erosion.

The induration or sclerosis, with all its phenomena of evolution and absorption, does not arise from an incidental deviation of a normal process of ulceration, as the opponents of the doctrine of duality suppose; it is the result and necessary manifestation of the action of the syphilitic virus, and is not produced all at once, but is gradually developed at intervals.

Sometimes the induration is arrested in its progress of evolution, but later takes on a more rapid development. It may reach the size of a lentil, pea, or bean, and may also extend over a large portion of tissue, involving the labia majora and minora, the cutaneous tissue of the glans as far as the middle of the dorsum of the penis.

The size and extent of the induration has no prognostic importance, in regard to the benign or malignant nature of syphilis. Small and recent indurations, however, yield, generally, more easily to treatment than those which are large and chronic. The absorption of the induration begins at the centre, and is explained by the injured tissue having less power of resistance, it becomes less hard, and after the disappearance of the sclerosis leaves a red-brown pigmentation, which corresponds in size to the induration. The pigmentation gradually fades away, and the part originally affected becomes whiter than the surrounding healthy skin. This always takes place in all superficial cicatricial tissues of new formation. At the seat of induration, and if there does not exist at the same time a chancroidal ulceration, a central depression is present, which becomes more and more evident with time; but it is seldom that the cicatrix resembles one produced by ulceration. It is only with indurations coexisting with chancroids that there occurs a loss of substance and a deep cicatrix. The excision of the induration does not stop the development of the secondary phenomena; frequently, as previously noticed by Delpech, the induration is reproduced at the seat of incision.—*The Polyclinic*.

DEATH OR COMA.—The close similarity which is occasionally seen to connect the appearance of death with that of exhaustion following disease was lately illustrated in a somewhat striking manner. An infant, seized with convulsions, was supposed to have died about three weeks ago at Stamford Hill. After five days' interval, preparations were being made for its interment, when, at the grave's mouth, a cry was heard to come from the coffin. The lid was taken off, and the child was found to be alive, was taken home, and is recovering. Such is the published account of the latest recorded case of suspended animation. We need not now attempt a dissertation on the physical meaning of coma. It is well known that this condition may last for considerable periods, and may at times, even to the practised eye, wear very much the same aspect as death. In the present instance, its association with some degree of convulsion may easily

have been mistaken by relatives, dreading the worst, for the rigid stiffness of *rigor mortis*. This is the more likely, since the latter state is apt to be a transient one in infants, though it is said to be unusually well marked in death from convulsions. One cannot, however, help thinking that the presence of the various signs of death was not, in this case, very carefully inquired into. It is hardly possible that had the other proofs as well as that of stiffening been sought for, they would have been missed. It is true that hardly any one sign short of putrefaction can be relied upon as infallible. In actual death, however, one may confidently reckon on the coexistence of more than one of these. After a period of five days not one should have been wanting. Besides *rigor mortis*, the total absence of which, even in forms of death which are said not to show it, we take leave to doubt, the *post mortem* lividity of dependent parts affords sure proof, as its absence suggests a doubt, of death. Then there is the eye, sunk, en, with glairy surface, flaccid cornea and dilated insensitive pupil. Most practitioners, probably, are accustomed to rely upon stethoscopic evidence of heart-action or respiration. These alone, indeed, are almost always sufficient to decide the question of vitality, if they be watched for during one or two minutes. There is no information as to whether the child so nearly buried alive was seen by a medical man. It is difficult to believe that, if it had been, some sign of life would not have been observed. Still, the case is a teaching one, even for medical men, and warns us to look for a combination of known tests where any doubt exists as to the fact of death.—*Brit. Med. Journ.*

THE INFLUENCE OF CASCARA SAGRADA ON THE DIGESTIVE SECRETIONS.—Cascara sagrada has been experimentally studied by Dr. M. Tschelzow (*Centralb für die Gesamte Therapie*, August, 1885), who comes to the following conclusions:

First. Cascara sagrada is useless when a rapidly-acting cathartic is desired.

Second. It only acts as a cathartic when introduced into the stomach. When injected subcutaneously or directly into the blood-vessels it produces no evacuation of the bowels.

Third. *Cascara sagrada* does not increase the secretion of saliva.

Fourth. It produces an increase in the secretion of gastric juice, which continues even during digestion.

Fifth. It increases both the pancreatic and biliary secretions.

These results were obtained when the drug was directly introduced into the stomach. When injected into the circulation, the animals rapidly passed into a condition of collapse, which soon proved fatal, or they recovered but very slowly; while the blood-pressure was rapidly reduced, even after previous section of the pneumogastrics.—*Ther. Gazette*.

IMPURE LIQUORS.—According to a report recently made to the Paris Academy of Science by M. Girard, chief of the Municipal Laboratory of that city, very little genuine brandy is now made in that country. Most of the alcohol now made is produced from grain, while cider, beet root, molasses and potatoes are distilled, and spirit of a very inferior sort is made from them. M. Girard says that even this spirit would be fairly wholesome if it were sufficiently rectified, but that, it seems, is never the case. The other forms of alcohol enumerated are charged with poisonous elements of the deadliest character—acids, ethers and essential oils—and M. Girard attributes the recent increase of insanity in France to the use of this vile stuff.

In speaking of premature menopause, Dr. T. G. Thomas said: "When called upon to express an opinion in the early part of a supposed pregnancy, you should always say that up to the end of the third month no one can decide the matter by even the most careful observation."

JOHN SYNG DORSEY, a nephew of the celebrated Philip Syng Physick, was born at Philadelphia in 1783, and was the author of the first American work on surgery, a treatise published in two volumes, which was not only the standard work in the United States in its time, but also a text-book for the University of Edinburg. He was the first operator in this country who ligated the external iliac artery. He was Professor of Anat-

omy in the University of Pennsylvania at the time of his death, which occurred in 1818.—*Cin. Lan. and Clin.*

CHLORIDE OF ALUMINUM IN THE TREATMENT OF DIPHTHERIA.—The generally accepted idea as to the pathology of diphtheria is that it begins as a local disease and develops afterwards into a general one, and that the general infection is kept up by the local one. The disease establishes itself first in one spot, and then it distributes itself throughout the body. The indications that naturally, therefore, call for treatment at the early stage of the disease are to destroy its progress by local treatment. This can be accomplished (*Pacific Medical and Surgical Journal*) by the local application with a sponge of a solution of nitrate of silver, one drachm to the ounce, applied three times the first twenty-four hours, and twice the second. This application, it is claimed, will generally cut short the disease, and always relieve the local symptoms and general fever. This application not only destroys the fungus, but acts as a healthy alterative and astringent to the diseased mucous membrane by coagulating the albumen of the subjacent tissues and retarding exudation.

The next most important measure in local treatment is irrigation of the throat every half hour with warm water medicated with the solution of chloride of aluminum, in the proportion of two tablespoonfuls to the cup. If the patient is old enough to gargle effectively, that will be sufficient; but if not, the throat should be washed out with the solution by means of a Davidson's syringe. The chloride of aluminum, by its antiseptic and astringent action, seems to put a new face on diphtheritic surfaces within a few hours. Its effects are claimed to be surprising, and as it is non-poisonous it may be used very freely. Where the use of nitrate of silver is objected to, this solution could be applied of full strength, either with probang or syringe.

THE CAUTERY IN MEDICINE is the invention of the East. It was one of the great remedies of the Arabian school. The Orientals opened abscesses of the liver with a hot iron, they also performed lithotomy with the red heated

scalpel with which they entered the bladder and extracted the stone. Ulcerations of all organs and foreign growths were also submitted to the surgical ordeal of fire. Hippocrates, and his followers, Aræus, Celsus, Aetius and Paulus Aegineta, lay down rules and directions for applying the actual cautery. Of late years the cauterization by electricity, the *galvano-cautery* of Middle-dorf of Breslau, and the *electro-chemical cautery* of Ciuiselli, have largely superseded the use of the hot iron, although the latter is sometimes employed by preference.—*Cin. Lan. and Clin.*

METALS MORE PRECIOUS THAN GOLD.—The *Colliery Engineer* gives the following at over \$1,000 an avordupois pound, the figures given representing the value per pound:

Vanadium.—A white metal discovered in 1830, \$10,000.

Rubidium.—An alkaline metal, so called for exhibiting dark, red lines in the spectrum analysis, \$9,070.

Zirconium.—A metal obtained from the minerals zircon and hyacinth, in the form of a black powder, \$7,200.

Lithium.—An alkaline metal; the lightest metal known, \$7,000.

Glucinum.—A metal in the form of a grayish black powder, \$5,400.

Calcium.—The metallic base of lime, \$1,500.

Strontium.—A malleable metal of a yellowish color, \$1,200.

Terbium.—Obtained from the mineral gadolinite, found in Sweden. \$4,080.

Yttrium.—Discovered in 1828, is of a grayish black color, and its luster perfectly metallic, \$1,080.

Erbium.—The metal found associated with yttrium, \$2,400.

Cerium.—A metal of high specific gravity, a grayish white color, and a lamellar texture, \$3,400.

Didymium.—A metal found associated with cerium, \$3,200.

Ruthenium.—Of a grayish color, very hard and brittle, extracted from the ores of platinum, \$2,400.

Rhodium.—Of a white and metallic luster, and extremely hard and brittle. It requires the strongest heat that can be produced by a wind furnace for the fusion, \$2,300.

Nionium.—Previously named colum-

binum, first discovered in an ore found at New London, \$2,300.

Barium.—The metallic base of baryta, \$1,800.

Palladium.—A metal discovered in 1802 and found in very small grains, of a steel gray color and fibrous structure, \$1,400.

Osmium.—A brittle gray-colored metal, found with platinum, \$1,300.

Iridium.—Found native as an alloy with osmium in lead-gray scales, and is the heaviest of known substances, \$1,090.

COMMON SALT IN THE TREATMENT OF PLEURISY.—SCHULZ (*Deutsch. Med. Wochens.; Med. Ztg.*) has had ample opportunity to confirm a statement made by Robinson with regard to the efficacy of chloride of sodium in the treatment of pleuritic effusions. In a series of cases of acute pleurisy a tablespoon of a 1 to 30 solution was given every two hours, dry diet being at the same time imposed. Under this simple treatment the exudation diminished rapidly, and the quantity of urine passed was noticeably increased. It is stated that the appetite was improved, and that there was an absence of that thirst which would naturally have been expected. The treatment should be restricted to cases of simple exudation, as it is useless in empyema.—*N. Y. Med. Jour.*

ON THE CAUSE AND THERAPEUTICS OF INSUFFICIENT LACTATION.—We abstract the following noteworthy *résumé* of the cause and therapeutics of insufficient lactation from a paper of Dr. Dolan, appearing in the *All. Wien. Med. Z.* and *La France Médicale*:

1. A therapeutic action on the secretion of milk is only possible through the blood.

5. All lilacæ, cruciferae, solanæ, and umbelliferae pass from the blood into the milk.

3. There are no veritable galactogenic remedies; the action of jaborandi is uncertain.

4. Belladonna is an antigalactogenic drug.

5. The proportion of the salts in the milk can be augmented by medicines.

6. Diuretics and purgatives can be ad-

ministered to the child through the milk of the mother.

7. Dietetic and hygienic means improve both quantity and quality of the milk.

The causes of insufficient lactation are:

1. Insufficient formation of the glandular utriculi or of the epithelium. In this case treatment is useless.

General plethora can be suppressed by appropriate diet and castor oil.

2. Torpidity of the mammary glands; electricity, warm poultices, and cupping will relieve this condition.

4. General anæmia and insufficient alimentation. Dolan regards the presence of dental caries as very important in this respect; the countrywomen, who usually possess faultless teeth, can also nurse their children best.—*Ther. Gazette.*

TASTELESS QUININE.—An almost tasteless tannate of quinine is obtained by dissolving sixty grammes (900 grs.) tannic acid in eleven grammes (3 drachms) of water, without heat, and adding eleven grammes (3 drachms) of a two per cent. solution of sodium bicarbonate, and enough water, if necessary, to make a clear solution. To this solution is added a solution of forty grammes (600 grs.) quinine sulphate in twenty-seven (7 drachms) of dilute sulphuric acid and eleven grammes (3 drachms) of water. The precipitate is washed on a linen strainer until the washings cease to have an alkaline reaction; it is then dried and powdered. Prepared thus, tannate of quinine contains about thirty-three and one-third per cent. of quinine, and is cheaper than the commercial article, which frequently contains but twenty per cent. of quinine.—*Amer. Journ. of Pharmacy.*

ABSORPTION BY ELECTRICITY.—A member of the Paris Academy of Medicine lately read a paper on the introduction into the economy of certain medicines by means of electricity. The method of proceeding appears to be simply interposing the tissues between the poles of a battery moistened with a saline solution. When it is desired to pass iodine into and through the body, a piece of wadding steeped in iodide of potash is placed between the skin and negative

pole, while the positive pole is brought in contact with the skin at any other point. Decomposition of the salt takes place and the iodine passes rapidly through the tissues, so that starched paper in contact with the positive pole becomes blue. The author claims by this method to have cured chronic rheumatism, uterine fibroma and rheumatic ovarian neuralgia.

A SURGICAL instrument has been patented by Mr. James Somers, of Moro, Oregon. It provides an instrument for certain kinds of amputations, so that the blood vessels and arteries will be twisted together before they are severed, and thus prevent hemorrhage without cauterization or tying.

A REMARKABLE OPERATION.—Dr. Livingston, in the *Zambesi*, describes one of the most remarkable operations on record. A native woman had an arrow-head eight inches long in her back, slanting through the left lung towards the heart. She had been shot from behind while stooping. Air was coming out through the wound, and it was not deemed advisable to attempt an operation. One of her relatives, however, cut out the arrow and a part of the lung, and she not only became well, but stout.

ANTIQUARIES.—In an address before the Medical Society of Virginia, Dr. S. K. Jackson, said: "Evidently many facts which we now value were known to the ancients, having been discovered before the world was ripe for them. The comma bacillus is described in an old work published before the close of the last century. Milk diet—our favorite at present in kidney affections—was the chief reliance of the ancients. Transfusion of blood had gone out of date in the days of Erasmus Darwin. The doctrine of germs has been traced to Harvey. Dean Swift tells of a microscopist who discovered worms in the flesh of animals. Hahnemann knew of the existence of itch insect, for he thought it was the sole cause of all diseases. Some one has unearthed a passage from M. Terentius Maso, who lived two thousand years ago, which accounts for malarial fevers very much as we now do, and attributes them to the same cause. It is more than probable that but for

the destruction of Babylon, and the burning of the Alexandrian library, we could find proof that the nations had made as great advances in the sciences as their monuments show them to have made in the arts."

RECENT RESEARCHES ON PULMONARY TUBERCULOSIS.—M. Thaon, of Nice, at a recent meeting of the Paris Biological Society, read a paper on the initial lesions of pulmonary tuberculosis. The author has examined a considerable number of pathological specimens taken from different animals, also the lungs of animals which had died from experimental subacute pulmonary tuberculosis, or chronic tuberculosis, according to the will of the experimenter. Guinea-pigs fed morning and evening on tuberculosis sputa, powdered and mixed with sterilised water, invariably died on the twelfth or fourteenth day. The lungs were a solid compact mass of a reddish brown color, covered with yellow spots. On making a histological examination, the tissues presented small separated areas of lobular pneumonia, measuring about one-third of a millimetre; treated with picrocarmine, they were colored a deep red. They consisted of closely packed cells undergoing proliferation, free from degeneration, and were lodged in the beginnings of branching bronchial tubes. Similar lesions were observed in the pulmonary alveoli; similar miliary masses were also grouped round the pulmonary vessels, resulting from the infiltration from the lymphatic vessels. Bacilli were present in considerable numbers in the miliary pneumonia; in those of catarrhal pneumonia, they were less abundant. Bacilli could be observed migrating from the bronchi into the alveoli; there they provoked proliferation of the pulmonary epithelium and its subsequent degeneration. Giant-cells, the zones of epithelial cells, which formerly were recognized as the characteristics of tuberculosis granulations, also the various fibrous transformations special to plumonary phthisis, were only observed in organs far advanced in tuberculosis. The bacillus, M. Thaon says, is the agent which produces all these changes. It is seen in the centre of the cellular elements in the giant-cells, and does not disappear until the caseous masses become one

uniform virteous mass.—*Brit. Med. Journal.*

TO REMOVE A CINDER FROM THE EYE.—If a cinder, particle of iron, steel or other hard substance gets into the eye one of the simplest and best remedies is to put one or two grains of flaxseed into the eye thus invaded whereupon a glutinous substance formed by the dissolution of the seed will envelop the foreign body so that it may be easily washed out. We cannot vouch for this statement, but it is a very simple remedy and perhaps no harm could result from giving it a trial.

LAVAGE AND GAVAGE.—Lavage is a term employed by Debove, of Paris, and thus more prominently brought before the profession within the past few years, to denote the method of gastric ablution, and gavage is the method of feeding with liquid preparations to which the authors, Dujardin-Beaumetz, Lauder Brunton and Henry B. Millard have recently been devoting a considerable degree of attention. From the reports which these gentlemen have furnished we are constrained to believe that lavage and gavage are important and much-neglected therapeutic measures. Lavage is especially valuable in all cases of dilatation of the stomach, whether due to obstruction at the pylorus, to atony of the muscular layer, or to the paralysis consequent on chronic catarrhal conditions. The apparatus for its performance is quite simple, consisting merely of a large funnel, to which is attached about four feet of flexible rubber tubing. The tube is introduced into the stomach, the voluntary efforts at deglutition by the patient much facilitating the introduction, and the funnel is elevated at a sufficient height to permit of the fluids gravitating freely into the stomach. The funnel is then lowered, and thus by siphon action the fluid is drawn off without any effort on the part of the patient. For simple cleansing of the stomach tepid water may be employed, but when there is pain chloroform water (a saturated aqueous solution of chloroform and plain water, equal parts) may be employed. Anti-putrescent washes may also be thus employed, and their use in particular cases will readily suggest itself. A one-per-cent.

solution of boracic acid, or a saturated solution of carbon bisulphide and plain water, equal parts, makes a valuable anti-putrescent wash.

As a means of artificial feeding, gavage has been rendered especially valuable by the recent improvements in the matter of meat powders. In organic disease of the stomach, accompanied, as most forms are, by anorexia and positive disgust for food, the introduction of a readily assimilable food directly into the stomach is a desideratum in the treatment.—*Med. Age.*

ETIOLOGY OF GOITRE.—During the past two years our knowledge of the functions of the thyroid gland has been materially increased. We have learned that the gland has an important influence on the whole economy, and that the suspension of its functions is followed by a peculiar form of degeneration, which shows itself by a variety of apparently dissimilar symptoms, the most conspicuous being a mucoid degeneration of the connective tissue, a condition of anemia, and a progressive mental hebetude. Dr. Thursfield has opportunely come forward with a thoughtful paper on the Etiology of Goitre in England, read before the Society of Medical Officers of Health. He has not, it is true, made as much use of recent observation and experiment as might have been anticipated, but he has succeeded in looking at the subject from a larger point of view than has usually been reached by writers on the subject.

Starting from the known fact that the thyroid is a highly expansible organ, liable to become larger under various physiological conditions, he has looked to the causes which might tend to perpetuate a state which in health is short and intermittent. First of these causes he places a diminished atmospheric pressure. In hilly districts, therefore, enlargement of the thyroid appears at an early age, and is, according to Dr. Thursfield, even more common below the age of puberty than above. At puberty the enlargement usually ceases, but occasionally it becomes more marked, whence has arisen the impression that the enlargement is connected with the first appearance of catamenia. Given, then, a tendency to enlargement of the thyroid, owing to the low atmos-

pheric pressure of hilly regions, he argues that the habit of carrying weights on the head strongly reinforces the tendency by interfering with the cerebral circulation. He confirms the statement that this practice, if it comes into operation about the age of puberty, leads to a greater prevalence of goitre in hilly regions; and that after its abandonment, goitre is less often met with. Dr. Thursfield is inclined to minimize the importance of drinking-water in the production of the disease. The extraordinary discrepancies between the various theories and statements have never been reconciled, and appear to show that the influence thus exerted is not great.

He supports the view that the injurious ingredient is iron, and argues that a long-continued excessive ingestion of this food might, by throwing additional work on the thyroid, which has probably for one of its functions depuration of the blood, if not hematopoiesis, lead to hypertrophy of the gland. The most valuable part of the paper is the discussion of the influence of the habit of carrying weights on the head, and the facts adduced ought to be sufficient to give the theory a place in the text-books. Endemic goitre is believed to be diminishing, even in the districts of England where it was once most common. The habit of carrying water, baskets, and bundles on the head was picturesque, but if its abandonment was followed by the disappearance of the hideous deformities which goitre used to produce, its abandonment will be a gain, even from an æsthetic point of view.—*British Med. Jour.*

When mineral waters are to be used continuously for laxative purposes, those rich in chlorides as well as sulphates should be chosen, as the presence of the chlorides affects digestion and the tissue changes favorably, while waters containing sulphates alone injure the digestive powers.

At a recent meeting of the Pathological Society of Philadelphia, Dr. Formad presented specimens and read a paper on the analysis of two hundred and fifty autopsies performed upon drunkards. The point of special interest shown by these examinations was

the infrequency of cirrhosis of the liver, but six lives out of the whole number examined showing traces of the disease; enlargement of the liver was very common, in most cases due to fatty infiltration. Cyanotic induration of the kidney and chronic gastritis were found in almost every case.

MISCELLANY.

THE AMERICAN OBSTETRICAL SOCIETY.—

The second meeting of this Society was held at the New York Ophthalmic Hospital on the 10th instant. There were present about three hundred physicians. Several valuable papers were read, and ably discussed by the members. Among the papers read were the following: *Fœtal Nutrition*, by Philip Porter, M. D., of Detroit; *Craniotomy*, by Prof. J. N. Mitchell, of Philadelphia; *A case of Abnormal Pregnancy*, by James H. Ward, M. D., of Brooklyn; *The Obstetrical Forceps*, by Prof. L. L. Danforth, of New York.

It is proposed to hold meetings as often as practicable. The Annual Meeting for 1886 will be held at Saratoga in June. All physicians are invited to attend the meetings, and it is deemed desirable that the membership shall include every physician who is especially interested in the development of a higher standard of obstetrical practice.

DR. BENJAMIN W. DUDLEY, of Lexington, Kentucky, was the most successful lithotomist of his day. Out of 207 cases coming into his hands for operation, he lost only six. This record is probably unsurpassed in Europe or America.

HYDROLEINE.—To those already familiar with the preparation, it needs no explanation; to the thousands who have become disgusted with the use of Cod Liver Oil and its effects on the stomach, when administered undiluted or in some of the abominable pretexts of mixture so commonly in vogue in former years, a word of explanation will not be out of place, nor unwelcome after once familiarized with its use. Hydroleine, as signified by its name, is not only a mere mixture, but a real dilution, reducing the acidity, perhaps by means of its trituration in water, prepared to hold its finer globules in attenuation. It is the

only pancreatized Cod Liver Oil preparation in the market. Delicate stomachs will retain it when Cod Liver Oil is rejected. You have only to try it to be convinced.

AN old Highlander, rather fond of his toddy, was ordered by his physician not to exceed one ounce of spirits daily. The old gentleman was rather dubious about the amount, and asked his son, a school boy, how much an ounce was. "Sixteen drams," was the reply. "What a guid doctor," exclaimed the Highlander; "run and tell Donald McTavish and Big John tae cam doon the nicht."

OUR FEVER THERMOMETER.—Our new clinical thermometer, which we are presenting free to subscribers to the MEDICAL ADVOCATE, has now been before the medical profession about a year, and has proved equal to any instrument on the market, not excepting the celebrated makes of this country and Europe. We have sent out between 4,000 and 5,000 of them, with only three failures reported thus far. We shall continue to offer it as a premium to new subscribers, and by special request, to old subscribers who renew their subscriptions before January 15th, 1886.

We have received numerous testimonials as to its excellence, and giving assurance of complete satisfaction; we append a few from well-known Eclectics.

Dr. James Anton, of Lebanon, Ohio, Treasurer of the National Eclectic Medical Association, under date Nov. 16th, 1885, writes us as follows: "I received the ADVOCATE and Thermometer, I compared the thermometer carefully with one I got examined at the Winchester observatory of Yale College, and find it correct. I now use it, as it is reliable, easier read, and has a neater and safer case than my other one.

Dr. D. M. Mallory, Linden, Iowa: "I received the Thermometer and ADVOCATE. I am very much pleased with both; they fill the bill to the letter."

R. H. Beale, Waterville, Mo.: "The ADVOCATE and thermometer arrived O. K. Consider I have come out a good thermometer ahead, the journal being richly worth the price. Am very much pleased with the instrument, as it is very correct and more durable than those I previously owned."

Dr. N. Anderson, Wilson, N. C.: "The journal and thermometer have both come to hand, and I take this opportunity to say that with them I am very much pleased. The thermometer I prefer to any I have ever used; it is thoroughly reliable."

Dr. Vernon Gould, Rochester, Ind.: "Thermometer duly received all right, and entirely satisfactory."

Dr. W. B. Fayen, New York: "When I renewed my subscription on Feb. 9th, I received the thermometer, which I am bound to acknowledge is an excellent instrument."

WILLIAM BENJAMIN CARPENTER, M. D., F. R. S., the famous English physiologist, died a few days ago from the effects of terrible burns, caused by upsetting of a lamp while he was taking a vapor bath for rheumatism. He was born in Bristol, England, in 1813. He graduated at the University of Edinburgh, in 1839.

THE FAITH CURE HUMBUG is rampant in Sweden. A fellow named Boltzin is its prophet. The Stockholm police were compelled recently to interfere to prevent the overcrowding of his "Hotel Zion." In Nærköpings a hotel-keeper advertised rooms where one might be "alone with God" at a low price, including service and cure with board.

PLEASE READ AND ACT.—Let us suggest something a little novel. When writing to advertisers, mention the journal or journals that you like best. Mention those that you always read through from beginning to end and that you always preserve most carefully. This will be welcome information to advertisers, and it may result in some advantage to your favorite journal.—*Ez.*

SCORFULOUS ulcers of the cornea and those occurring in small-pox are promptly healed by the application, twice daily, of a few drops of the following solution: Sulphate of eserine, two grains; distilled water, one ounce. Eserine is an alkaloid obtained from the calabar bean, and is also called physostigmine.

COPIES OF THE MEDICAL ADVOCATE can be furnished in any quantity at the rate of \$2.00 per dozen.

HE HIT IT.—In filling out a "birth certificate," in a case where the father's name was a little doubtful, a Chicago physician, with a readiness equal to any emergency, promptly filled the blank with "E Pluribus Unum."

HORSES and cows in the province of Quebec are reported to be suffering from a disease known as equine variola, which more injuriously affects horses than cows, but possesses special danger in the latter, as is shown by prominent physicians, who state that the children who drink milk from the diseased cows have eruptions closely resembling small-pox.

GRIFFITH & Co.—I received the bottle of your Compound Mixtures of Guaiac, Stillingia, &c., some time since. The prescription contains the more important drugs now recognized in the treatment of rheumatism and allied disorders, and which time has proved efficacious in the disease referred to. A glance at the combination places it at once as a standard remedy, and one so frequently needed as an alterative and tonic. I believe your preparation particularly adapted to supply a long-felt want by our profession, and composed of remedies which will at once commend its general use. It will unquestionably prove a valuable combination, taking the place of remedies which have very much less merit. I think you will receive the thanks of medical men for a clear, palatable, neat, and well prepared prescription, which must prove of material benefit in the disorders indicated.

Yours truly,

GEO. C. BLAISDELL, M. D.

CONTOOCCOOK, N. H., Oct., 19, 1885.

The above mentioned remedy is solely designed to be dispensed on physician's prescriptions, and the druggist dispensing it is particularly requested by the manufacturers not to repeat the prescription without an order from the physician. In thus endeavoring to protect the interests of the practitioner, and, indirectly, of the patient as well, the firm of Griffith & Co. are worthy of commendation.

A HYPODERMIC SYRINGE FREE.—This instrument (for description see page iii. of advertisements), which we offer as a premium to every new subscriber to the

MEDICAL ADVOCATE, is perfect in every respect, and equal to any syringe sold for a much higher price. It combines the advantages of other makes; an engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe. It also has a screw thread upon the piston-rod and a transverse nut, thereby favoring the utmost nicety in the graduation of doses.

ALETIS CORDIAL.—I have prescribed Aletris Cordial to Miss K., age 30. Chronic endometritis of two years standing accompanied by retro-version; after correcting the latter the Aletris Cordial was prescribed for one month, resulting in cure. Having used Aletris Farinosa for fifteen years past I do not hesitate to recommend Aletris Cordial as the best preparation of that agent I have seen.

L. HENDERSON, M. D.

SALEM, Ohio.

HE WAS REASONABLE.—"Ah, Victoria, my poor girl, how you have changed!" "It is because I have just come from a dentist's, madame: he has pulled out two of my teeth." "Two?" "Yes, madame, a good one, and then a bad one; he made a mistake the first time." "How horrible!" "But it doesn't matter. He was very reasonable; he only made me pay for one."

THE ADVOCATE FOR 1886 will be printed on much better and heavier paper; and new features will be introduced calculated to add to the value and appearance of our journal. Our Portrait Gallery will remain a prominent feature; and, with the retention of all our old departments, new ones will be incorporated as opportunity may offer. We hope, at an early date, to increase the size of the **ADVOCATE**.

THE ADVOCATE is the only journal devoted to the *National* interests of Eclecticism; hence, it claims the attention and support of Eclectic physicians throughout the country. Now, let the followers of liberal medicine do their part, both by subscriptions and by literary contributions, and we pledge ourselves to publish a journal that we may all be proud of.

A PLEASANT ANNIVERSARY.—December 11th, 1885, was the 71st anniversary of Prof. J. R. Buchanan, which was generously celebrated by his friends at the hospitable and elegant mansion of the Hon. J. W. Candler, Brookline, Mass.

FOR DANDRUFF.—To remove dandruff take a piece of gum camphor as large as a chestnut and place in one pint of alcohol. The mixture may be perfumed to suit the taste. Wet the scalp with this daily. It will stimulate the scalp, promote the growth of hair, and in many instances prevent it from falling off.

NOTICE TO SUBSCRIBERS.—Owing to our large and rapidly increasing subscription-list, we are obliged to stop sending the **ADVOCATE** as soon as subscription expires. Subscriber's will receive due notice of date of expiration of subscription. Those who now send in their subscription for 1886 will receive the benefit of our offer of premiums. See page 1. of advertisements.

THE following story is told of a physician of Dayton, Ohio: The Doctor was recently attending a case of labor in the family of one of his patrons, who, though an excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the child the father nervously asked: "Doctor, is the child marked?" "Yes," quietly remarked the Doctor, "it is marked C. O. D." The bill for that baby was promptly settled.

LOOK OUT FOR THEM.—We are now perfecting arrangements which will enable us to add some novel, and at the same time interesting and valuable, features to the **ADVOCATE** early in the coming year.

ECLECTICS!—You can materially advance the interests of liberal medicine by showing a copy of the **MEDICAL ADVOCATE** to your Allopathic and Homoeopathic friends, calling special attention to our Extraordinary Offer of premiums, and inducing them to subscribe to our journal for 1886. If every one of our present subscribers should send us two additional names each, we would enjoy the largest circulation of any medical journal in the United States.

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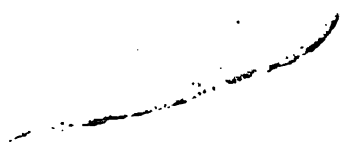
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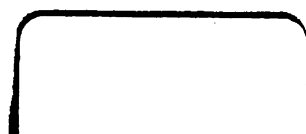
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